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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: CIRCA RED, LLC	
Name of Limited Liability Company	
DOCUMENT NUMBER: <u>L18000084045</u>	
The enclosed Resignation of Registered Agent for a Limited Liability Company and fee submitted for filing.	e are
Please return all correspondence concerning this matter to the following:	
United States Corporation Agents, Inc.	
Name of Person	
Legalzoom.com, Inc.	
Name of Firm/Company	
101 North Brand Blvd. 11th Floor	
Address	
Glendale, CA 91203	
City/State and Zip Code	
raresignations@legalzoom.com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Kasandra Lund at (1800) 773-0888 x3951 Name of Person Area Code Daytime Telephone Number	-

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisi	ons of section 605.0115, Florida Statutes, the undersign	ed,
United States Corp	, hereby resigns as	
	Name of Registered Agent	_ · · · · · · · · · · · · · · · · · · ·
Registered Agent for_	CIRCA RED. LLC	
	Name of Limited Liability Company	
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	lumber, if known	
A copy of this resignat	ion was mailed to the above listed limited liability com	pany at its last known address.
The agency is terminate	d and the office discontinued on the 31st day after the date	on which this statement is filed.
	Signature of Resigning Agent	
If signing on behalf of		2019 AUG SECRETAHA
	Cheyenne Moseley	AUG 28 AETARI AHASSI
	Typed or Printed Name	- 28 - 28
	Asst. Secretary for United States Corporation Agents, Ir	no. 🤲 🛌 🥅
	Capacity	

FILING FEES:
\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

Make checks payable to Florida Department of State and mail to: **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314