# 118000088712

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#### **COVER LETTER**

SUBJECT:  Name of Limited Liability Company  DOCUMENT NUMBER:  L18000088712  The enclosed Resignation of Registered Agent for a Limited Liability for filing.  Please return all correspondence concerning this matter to the following Kelly Arias, Esq.  Name of Person  The Evolution Law Group, P.A.  Name of Firm/Company  1427 NW 126th Drive  Address  Coral Springs, FL 33071  City/State and Zip Code	Company and fee are submitted
Flease return all correspondence concerning this matter to the following Kelly Arias, Esq.  Name of Person  The Evolution Law Group, P.A.  Name of Firm/Company  1427 NW 126th Drive  Address  Coral Springs, FL 33071	
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Address  Coral Springs, FL 33071	
Coral Springs, FL 33071	
City/State and Zip Code	
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kelly@theevolutionlawgroup.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Kelly M. Arias, Esq. 954 369809	3
Kelly M. Arias, Esq. 954 369809  Name of Person Area Code Daytime	Telephone Number

#### 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

**TO:** Registration Section

Division of Corporations

# STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the und	ersigned,
The Evolution Law Group, P.A.	, hereby resigns as
Name of Registered Agent	thereby religibles
Registered Agent for United States Ninja League, LLC	
Name of Limited Liability Company	·
L18000088712	
Document Number, if known	
A copy of this resignation was mailed to the above listed limited liability. The agency is terminated and the office discontinued on the 31st day after	er the date on which this statement is filed.
Signature of Resigning Agent	FL IBNOV 12 ECREPANI ELLAHASSI
If signing on behalf of an entity:	
Kelly M. Arias, Esq.	
Typed or Printed Name	
Owner	****
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\$ 85.00 Active limited liability company \$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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
Tailahassee, FL 32314