## L15000089129

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	-
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

Office Use Only



800352849368

10,05,00-51000-611

SECRETARY OF STATE

11/20/20

#### **COVER LETTER**

	v Company
DOCUMENT NUMBER: L18000089129	<del>-</del>
The enclosed Resignation of Registered Agent for a Limite or filing.	d Liability Company and fee are submitted
Please return all correspondence concerning this matter to t	he following:
United States Corporation Agents, Inc.	
Name of Person	_
_egalzoom.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)	<del>-</del>
For further information concerning this matter, please call:	
Jazmine Johnson 800	773-0888  Daytime Telephone Number
Name of Person Area Code	Daytime Telephone Number

#### MAILING ADDRESS:

Registration Section Division of Corporations

TO:

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

### FILED

# STATEMENT OF RESIGNATION OF REGISTER EDUAGENT FOR A LIMITED LIABILITY COMPANY SECRETARY OF STATE TALLAHASSEE, FL.

Pursuant to the provision	is of section 605.0115, Florida Statutes, the	undersigned.
United States Corpo	oration Agents, Inc.	, hereby resigns as
	Name of Registered Agent	
Registered Agent for Al	fred Trading, LLC	
	Name of Limited Liability Company	
L18000089129		
Document Nu	mber, if known	
A copy of this resignation	on was mailed to the above listed limited lia	bility company at its last known address.
The agency is terminated	d and the office discontinued on the 31st da	y after the date on which this statement is filed.
	Signature of Resigning A	Agent
If signing on behalf of a	n entity:	
	Cheyenne Moseley	
	Typed or Printed Name	<del></del>
	Asst. Secretary for United States Corporat	ion Agents, Inc.
	Capacity	

Active limited liability company
Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

FILING FEES:

\$ 85.00 \$ 25.00

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

and the second