218000096909

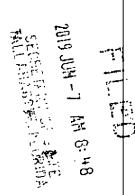
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(-1,-1,-1,-1,-1,-1,-1,-1,-1,-1,-1,-1,-1,-
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special instructions to 7 ming officer.





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Y SULKER

JUN 2 1 2013

COVER LETTER

TO: Registration S Division of C	Section orporations		
SUBJECT: Heroic 8	Bits LLC	<u> </u>	
Doole man		Limited Liability	Company
DOCUMENT NUM	BER: L18000096909	-	
The enclosed Resignator filing.	ntion of Registered Ago	ent for a Limited	Liability Company and fee are submitted
Please return all corre	espondence concerning	g this matter to th	ne following:
United States Corp	oration Agents, Inc.		
- -	Name of Person	 ·	
Legalzoom.com, In	c.		
Na	me of Firm/Company		
9900 Spectrum Dr.			
	Address		
Austin, TX 78717			
Cit	y/State and Zip Code	-	
E-mail address: (to l	oe used for future annual re	port notification)	
For further informatic	on concerning this matt	er, please call:	
Janna Pantoja		1 800	773-0888 x3950
Name	of Person	Area Code	Daytime Telephone Number
Enclosed is a check m liability company or \$	ade payable to the Flo 25.00 for an administr		of State for \$85.00 for an active limited I, voluntarily dissolved or withdrawn limite

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 provision	ons of section 605.0115. Florida Statutes, the	e undersigned,	
United States Corp	, hereby resigns as		
	Name of Registered Agent		
Registered Agent for _	Heroic Bits LLC		
	Name of Limited Liability Company	·	
L18000096909			
Document N	umber, if known		
A copy of this resignati	on was mailed to the above listed limited lia	ability company at its last known address.	
The agency is terminate	ed and the office discontinued on the 31st da Signature of Resigning A		filed.
If signing on behalf of an entity:		Agent ZOTO JUN -	1
	Cheyenne Moseley	330	, g
	Typed or Printed Name	200	
	Asst. Secretary for United States Corporat	tion Agents, Inc.	
	Capacity	g: 35	

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