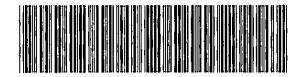
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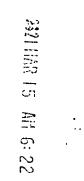
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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O SIMMONS MAY 24 2021

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT:		
Name of Limite	d Liability	Company
DOCUMENT NUMBER: L18000098702		
The enclosed Resignation of Registered Agent for filing.	a Limited	Liability Company and fee are submitted
Please return all correspondence concerning this n	natter to th	e 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 no	tification)	
For further information concerning this matter, ple	ease call:	
3)	300	773-0888
Name of Person 7	Area Code	Daytime Telephone Number
Enclosed is a check made payable to the Florida D liability company or \$25.00 for an administratively liability company.		
MAILING ADDRESS:	STREE	T ADDRESS:
Registration Section	_	ttion Section
Division of Corporations		of Corporations
P.O. Box 6327 Tallahassee, F1, 32314		Building cecutive Center Circle
Tananassee, F1, 54544	∠001 D3	recurry Center Chefe

Tallahassee, FL 32301

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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1	as

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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