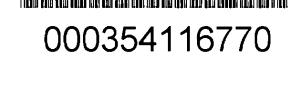
L18000118455

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Ви	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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Ra Rosignation

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COVER LETTER S

SUBJECT:		
Name of Limited Liability	Company	
DOCUMENT NUMBER: L18000118455		
The enclosed Resignation of Registered Agent for a Limited for filing.	l Liability Company and fee are	submitted
Please return all correspondence concerning this matter to the	ne 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		3 20
City/State and Zip Code	-	· · · · · · · · · · · · · · · · · · ·
raresignations@legalzoom.com		[일 [구]
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		포 (위) 등 (위) (위)
800 at (773-0888	ណ <u>្</u> វិ
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

TO: Registration Section Division of Corporations

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 unders	signed.		
United States Corporation Agents, Inc.			, hereby resigns as		
-	Name of Registered Agent	 ·	Hereby resigns as		
Registered Agent for	Ziltch LLC				
	Name of Limite	d Liability Company			
L18000118455					
Document ?	Number, if known				
A copy of this resignat	ion was mailed to the abo	ove listed limited liability co	ompany at its last known addres	3S.	
The agency is terminat		inued on the 31st day after	the date on which this statemen		ed.
If signing on behalf of	an entity:			ئا <i>د</i> ر	1. 0
	Cheyenne Mosele	у		٠,	
	Турс	ed or Printed Name		(X)	_
	Asst. Secretary for Uni	ted States Corporation Age	nts, Inc.		: -:) (2
		Capacity		:# :3: :5:	- 1/4
	\$ 25.00	E ES: Active limited liability con Administratively dissolved withdrawn limited liability	/ voluntarily dissolved/		

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