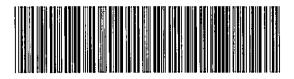
L18000 121232

	questor's Name)	
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(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
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(Do	cument Number)	
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Special Instructions to	Eiling Officer	
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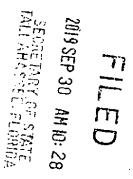
Office Use Only



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COVER LETTER

Name of Limited Flag	oility Company
DOCUMENT NUMBER: <u>L18000121232</u>	·
The enclosed Resignation of Registered Agent for a Lir submitted for filing.	nited Liability Company and fee arc
Please return all correspondence concerning this matter	to the 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 notificat For further information concerning this matter, please of	
(0) 773-0888 x3951
Name of Person Area C	Code Daytime Telephone Number

STREET ADDRESS: Registration Section

Clifton Building

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

INHS17 (2/14)

MAILING ADDRESS:

Division of Corporations

Tallahassee, Fl. 32314

Registration Section

P.O. Box 6327

TO: Registration Section Division of Corporations

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provis	sions of section 605.0115, Florida Statutes, the undersign	ned.
United States Corporation Agents, Inc h		, hereby resigns as
Registered Agent for	MWLARKIN, LLC	
	Name of Limited Liability Company	
MWLARKIN, LLC		
Document	Number, if known	
A copy of this resigna	ation was mailed to the above listed limited liability con	pany at its last known address.
The agency is terminal	ed and the office discontinued on the 31st day after the day	te on which this statement is filed.
	Signature of Resigning Agent	TILED 2019 SEP 30 AMI SEPERTORIES
If signing on behalf o	f an entity:	38 5
	Cheyenne Moseley	TO ME 28
	Typed or Printed Name	
	Asst. Secretary for United States Corporation Agents, I	nc. 28
	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 Tallahassee, FL 32314