L18000 132449

(Red	uestor's Name)				
(Add	ress)				
(Add	iress)				
<u>(City</u>	/State/Zip/Phone #)				
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PICK-UP	WAIT MAIL				
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(Bus	iness Entity Name)				
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(DOC	cument Number)				
Certified Copies	Certificates of Status				
C	The Officer				
Special Instructions to F	ling Officer:				
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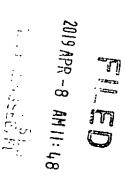
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C. GOLDEN APR 1 3 2019

COVER LETTER

TO: Registration Section (2007) Division of Corporations	
SUBJECT: Sume of Limited Liability Company	
Name of Limited Liability Company	
DOCUMENT NUMBER: L18000132449	
The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are su for filing.	bmitted
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	
9900 Spectrum Dr.	
Address	
Austin, TX 78717	
City/State and Zip Code	
raresignations@legalzoom.comm	
E-mail address: (to be used for intere annual report notification)	
For further information concerning this matter, please call:	
Kasandra Lund 1 800 773-0888 x3951	
Kasandra Lund at (1 800) 773-0888 x3951 Name of Person at (2 Ode Daytime Telephone Number	
Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawiability company.	imited wn 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 Fallahassee, FL 32301

INHS17 (2-14)

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the pro	visions of section 605,0115.	Florida Statutes, the unders	igned,			
United States Corporation Agents, Inc		herebe resions as	:			
- -	Name of Registered Agent	· ·	nereo, reagns as	'		
Registered Agent i	or BDE TravelPro LLC					
	Name of Linute	ed Curbility Company				_·
L18000132449	l.					
Docum	ent Number, d'known	· 				
A copy of this resig	gnation was mailed to the ab	ove listed limited liability ec	ompany at its lasi	t known	address	i.
The agency is term	inated and the office discont	inued on the 31st day after t	he date on which	n this sta	_	is filed.
If signing on behal	Fof an entity:			1	ΑP	- 6 1
	Cheyenne Mosele	ey		<u>:</u> .	2019 APR -8	
	Typ	ed or Printed Name		5. (3) (5)		ار ا
	Asst. Secretary for Un	ited States Corporation Ager	nts, Inc.	٠٠٠ ۲٦,	=	19 11
		Capacity		<u></u>	AM 11: 48	
	FILING F \$ 85.00 \$ 25.00	EES: Active limited liability con Administratively dissolved withdrawn limited liability	/voluntarily disa	solved/		

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