# L18000 138788

| (Address)                               |
|---|
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
|   |
|   |
|   |





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C. GOLDEN NOV 2 5 2020

## **COVER LETTER**

TO: Registration Section Division of Corporations

| SUBJECT: MCKENZIE PHOTOGRAPHY                               | LLC              |  |
|---|------------------|--|
| Name of Li  | imited Liability | Company                                  |
| DOCUMENT NUMBER: L18000138788                               |                  | <del></del>                              |
| The enclosed Resignation of Registered Agen-<br>for filing. | t for a Limited  | Liability Company and fee are            |
| Please return all correspondence concerning the             | ris matter to th | 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  |                  |  |
| City/State and Zip Code                                     |                  |  |
| raresignations@legatzoom.com                                |                  |  |
| E-mail address: (to be used for future annual repo          | rt notification) |  |
| For further information concerning this matter              | r, please call:  |  |
| Joyce Yi  | 800<br>at (      | 773-0888 x7789  Daytime Telephone Number |
| 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

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 submitted

INHS17 (2/14)

# STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

| Pursuant to the provisio               | ns of section 605.0115. Florida Statutes, the undersig  | ned.                                  |  |
|--|---|---------------------------------------|--|
| United States Corporation Agents, Inc. |   | hereby resigns as                     |  |
|  | Name of Registered Agent  | reng rengan as                        |  |
| Registered Agent for $\frac{N}{N}$     | ICKENZIE PHOTOGRAPHY LLC  |                                       |  |
|  | Name of Limited Liability Company   | · · · · · · · · · · · · · · · · · · · |  |
| L18000138788                           |   |                                       |  |
| Document No                            | umber, if known   |                                       |  |
| A copy of this resignation             | on was mailed to the above listed limited liability con   | npany at its last known address.      |  |
| The agency is terminate                | and the office discontinued on the 31st day after the Signature of Resigning Agent                                      |                                       |  |
| If signing on behalf of a              | in entity:  | ,                                     |  |
|  | Cheyenne Moseley  | >                                     |  |
|  | Typed or Printed Name   | <del></del><br>:                      |  |
|  | Asst. Secretary for United States Corporation Agents  | s. Inc. 🔅                             |  |
|  | Capacity  |                                       |  |
|  | FILING FEES: \$ 85.00 Active limited liability comp \$ 25.00 Administratively dissolved/s withdrawn limited liability c | voluntarily dissolved/                |  |

Make checks payable to Florida Department of State and mail to:

**Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314