L18000139 102

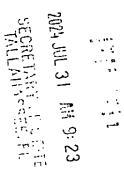
(Re	equestor's Name)		
(Address)			
(Ad	dress)		
(Cit	ry/State/Zip/Phone	e #)	
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(Business Entity Name)			
(Document Number)			
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COVER LETTER

SUBJECT: Seriously Posh L.L.C.	
Name of Limited Liabilit	y Company
DOCUMENT NUMBER: L18000139102	
The enclosed Resignation of Registered Agent for a Limite for filing.	d Liability Company and fee are submitted
Please return all correspondence concerning this matter to t	he following:
United States Corporation Agents, Inc.	
Name of Person	_
Legalzoom.com, Inc.	
Name of Firm/Company	- . 21
9900 Spectrum Dr.	TOPH JUL 31 FE
Address	
Austin, TX 78717	
City/State and Zip Code	
raresignations@legalzoom.com	75. 23
E-mail address: (to be used for future annual report notification)	<u>-</u>
For further information concerning this matter, please call:	
800 at (773-0888
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provision	ns of section 605.0115, Florida Statutes, the unde	rsigned,
United States Corp	oration Agents, Inc.	, hereby resigns as
	Name of Registered Agent	(Hereby resigns as
Registered Agent for S	eriously Posh L.L.C.	
	Name of Limited Liability Company	· · · · · · · · · · · · · · · · · · ·
L18000139102		
Document Nu	mber, if known	د .
	on was mailed to the above listed limited liability	
	Crik Treutlein	
	Signature of Resigning Agent	7
If signing on behalf of a	n entity:	η
	Erik Treutlein	
	Typed or Printed Name	
	Vice President on behalf of United States Corporation A	gents, Inc.
	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