L18 U00140778

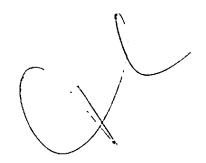
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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06/27/29--01011--015 **25.00



COVER LETTER

TO: Registration Section Division of Corporations		
Division of Corporations		
SUBJECT: forecaddygolf LLC		
Name of Limit	ed Liability	Company
DOCUMENT NUMBER: L18000140778		
The enclosed Resignation of Registered Agent fo for filing.	r a Limited	Liability Company and fee are submitted
Please return all correspondence concerning this	matter to th	e 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.com		
E-mail address: (to be used for future annual report no	otification)	·
For further information concerning this matter, pl	lease call:	
at (800	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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

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 provis	ions of section 605.0115, Florida Statutes, the und	ersigned,
United States Cor	rporation Agents, Inc.	_ , hereby resigns as
	Name of Registered Agent	Hereby resigns as
Registered Agent for	forecaddygolf LLC	
	Name of Limited Liability Company	•
L18000140778		
Document	Number, if known	
A copy of this resigna	tion was mailed to the above listed limited liability	company at its last known address.
The agency is termina	ted and the office discontinued on the 31st day after	er the date on which this statement is filed.
	Signature of Resigning Agent	
If signing on behalf of	an entity:	
	Cheyenne Moseley	
	Typed or Printed Name	
	Asst. Secretary for 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