L18000145834

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



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COVER LETTER

| Nam | e of Limited Liabilit | y Company |
|--|--------------------------|---|
| DOCUMENT NUMBER: L18000145 | 5834 | , |
| The enclosed Resignation of Registered for filing. | Agent for a Limite | d Liability Company and fee are submitted |
| Please return all correspondence concer | ning this matter to | the following: |
| United States Corporation Agents, I | nc. | |
| Name of Person | | _ |
| Legalzoom.com, Inc. | | |
| Name of Firm/Compan | ıy | _ |
| 101 North Brand Blvd. 11th Floor | | |
| Address | | _ |
| Glendale, CA 91203 | | |
| City/State and Zip Cod | le | _ |
| raresignations@legalzoom.com | | |
| E-mail address: (to be used for future annu | ial report notification) | _ |
| For further information concerning this | matter, please call: | |
| Janna Pantoja | 800 | 773-0888 x3950 Daytime Telephone Number |
| Name of Person | Area Code | Daytime Telephone Number |

MAILING ADDRESS:

Registration Section Division of Corporations

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FŁ 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 provisions | s of section 605.0115 | , Florida Statutes, the under | signed. | |
|--|--------------------------------|---|--|--|
| United States Corporation Agents, Inc. | | > . | hereby resigns as | |
| Name of Registered Agent | | | | |
| Registered Agent for <u>aa</u> | aaaaseaside ente | erprises LLC | | |
| · · · · · · · · · · · · · · · · · · · | Name of Limi | ted Liability Company | , | |
| L18000145834 | | | | |
| Document Nur | nber, if known | | | |
| A copy of this resignation | n was mailed to the al | bove listed limited liability | company at its last known address. | |
| The agency is terminated | and the office discor | ntinued on the 31st day after | the date on which this statement is filed. | |
| | | Signature of Resigning Agent | | |
| If signing on behalf of ar | entity: | | | |
| | Cheyenne Mose | ley | | |
| | Ty | ped or Printed Name | | |
| | Asst. Secretary for U | nited States Corporation Ag | ents, Inc. | |
| | | Capacity | | |
| | | | • : | |
| | FILING \$ 85.00 \$ 25.00 | FEES: Active limited liability of Administratively dissolve withdrawn limited liabil | ompany ed/voluntarily dissolved/ ity ity company company | |

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