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COVER LETTER

Name of Limited Liability	y Company
OOCUMENT NUMBER: L18000154403	
The enclosed Resignation of Registered Agent for a Limite or filing.	ed Liability Company and fee are submitte
Please return all correspondence concerning this matter to	the following:
United States Corporation Agents, Inc.	
Name of Person	
_egalzoom.com, Inc.	
Name of Firm/Company	_
101 North Brand Blvd. 11th Floor	
Address	-
Glendale, CA 91203	
City/State and Zip Code	_
	_
E-mail address: (to be used for future annual report notification)	
or further information concerning this matter, please call:	
Janna Pantoja 1 800	773-0888 x3950 Daytime Telephone Number
Name of Person at (at Code	Daytime Telephone Number

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

INHS17 (2/14)

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provis	ions of section 605.0115, Florida Statutes, the unders	gned,	
United States Cor	poration Agents, Inc.	nereby resigns as	
-	Name of Registered Agent	icrety resigns as	
Registered Agent for	Lettuce LLC		 .
	Name of Limited Liability Company		<u> </u>
L18000154403			
	Number, if known		
	tion was mailed to the above listed limited liability content and the office discontinued on the 31st day after the Signature of Resigning Agent	he date on which this statemen	n is filed.
If signing on behalf of	an entity:	2019 SE?	
	Cheyenne Moseley	اَتِ دع	,
	Typed or Printed Name	9	
	Asst. Secretary for United States Corporation Agen	its, Inc.	-
	Capacity	5: 07	• :
	FILING FEES:		

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

\$ 85.00 Active limited liability company \$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company