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COVER LETTER

TO:	Registration Section Division of Corporations
SUBJE	CT: FUNKY PARROT LLC Name of Limited Liability Company
	Name of Limited Liability Company
DOCU	MENT NUMBER: L18000154710
The enc for filin	closed Resignation of Registered Agent for a Limited Liability Company and fee are submitted g
Please r	return all correspondence concerning this matter to the following:
United	States Corporation Agents, Inc.
	Name of Person
LegalZ	Zoom.com, Inc.
	Name of Firm/Company
101 No	orth Brand Blvd. 11th Floor
	Address
Glenda	ale, CA 91203
	City/State and Zip Code
raresig	gnations@legalzoom.com
E-n	nail address: (to be used for future annual report notification)
For furt	ther information concerning this matter, please call:
Joyce	Yi at (800) 773-0888 x7789 Name of Person Area Code Daytime Telephone Number
	Name of Person Area Code Daytime Telephone Number
Jiability	ed is a check made payable to the Florida Department of State for \$85.00 for an active limited company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limite company.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 provision	ns of section 605.0115.	Florida Statutes, the unders	igned,	
United States Corporation Agents, Inc.			, hereby resigns as	
	Name of Registered Agent			
Registered Agent for F	JNKY PARROT LL	.C		
	Name of Limite	ed Liability Company		
L18000154710				
Document Nu	mber, if known			
A copy of this resignation	on was mailed to the ab	ove listed limited liability co	ompany at its last known	ı address.
The agency is terminated	d and the office discont	inued on the 31st day after (the date on which this sta	atement is filed.
		Signature of Resigning Agent		
lf signing on behalf of a	n entity:			
Cheyenne Moseley			202	
	Гур	ed or Printed Name		2°79 0CT 20
Asst. Secretary for United States Corporation Agents, Inc.		nts. Inc.	<u></u> ;	
		Capacity		00
				-0
	FILING F \$ 85.00 \$ 25.00	FES: Active limited liability con Administratively dissolved withdrawn limited liability	I/voluntarily dissolved/	 Ω

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, F1, 32314

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