# 118000166652

(Requestor's Name)				
, (Address)				
(Address)				
(Cit	y/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
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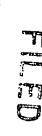


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### **COVER LETTER**

то:	Registration Section Division of Corporations		
SUBJ	ECT:  Name of Lin	nited Liability	Company
DOC	UMENT NUMBER: L18000166652		
The er	nclosed Resignation of Registered Agenting.	for a Limited	Liability Company and fee are submitted
Please	return all correspondence concerning thi	s matter to th	e following:
Unite	d States Corporation Agents, Inc.		
	Name of Person		
Lega	Izoom.com, Inc.		
	Name of Firm/Company		
9900	Spectrum Dr.		
	Address		
Austi	n, TX 78717		
	City/State and Zip Code		
E-	mail address: (to be used for future annual report	notification)	
For fu	rther information concerning this matter,	please call:	
Janna	a Pantoja	, 1 800	773-0888 x3950
	Name of Person at	Area Code	Daytime Telephone Number
Enclos liabilit liabilit			of State for \$85.00 for an active limited I. voluntarily dissolved or withdrawn limite

#### 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

INH\$17 (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	signed.
United States Cor	poration Agents, Inc.	hereby resigns as
	Name of Registered Agent	nercoy resigns as
Registered Agent for	Tuttle Contracting LLC	<del></del>
	Name of Limited Liability Company	
L18000166652		
Document !	Number, if known	
A copy of this resignal	tion was mailed to the above listed limited liability e	ompany at its last known address.
The agency is terminal	ted and the office discontinued on the 31st day after	the date on which this statement is filed.
	Signature of Resigning Agent	- All Roct
If signing on behalf of	an entity:	5
	Cheyenne Moseley	300 P
	Typed or Printed Name	بن بن
	Asst. Secretary for United States Corporation Age	nts, 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