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COVER LETTER

N	lame of Limited Liabili	ty Company
DOCUMENT NUMBER: L18000)170107	
The enclosed Resignation of Registe submitted for filing.	red Agent for a Limite	ed Liability Company and fee ar
Please return all correspondence con-	cerning this matter to	the following:
United States Corporation Agents	s, Inc.	
Name of Person	1	_
Legalzoom.com, Inc.		
Name of Firm/Com	pany	_
101 North Brand Blvd. 11th Floor	-	
Address	.	_
Glendale, CA 91203		
City/State and Zip C	Code	_
raresignations@legalzoom.com E-mail address: (to be used for future a	innual report notification)	
For further information concerning th	nis matter, please call:	
Kasandra Lund	at (1 800) 773-0888 x3951
Name of Person	Area Code	Davtime Telephone Number

MAILING ADDRESS:

limited liability company.

Registration Section

Division of Corporations

TO:

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 provisions of se	ection 605.0115, Florida Statutes	s, the undersigned,		
United States Corporation Agents, Inc.		, hereby resigns as	nereby resigns as	
Name o	f Registered Agent			
Registered Agent for SHORE	CYCLE LLC			
	Name of Limited Liability Company	ıy		
L18000170107 Document Number, if	known			
		ed liability company at its last known address.		
	Signature of Resignin	ng Agent . 22	···	
If signing on behalf of an entity	v:		. · · · · · · · · · · · · · · · · · · ·	
Chey	enne Moseley			
	Typed or Printed Name			
Asst. S	Secretary for United States Corpor	ration Agents, 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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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