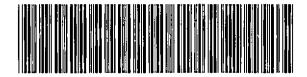
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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

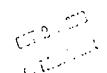
Office Use Only



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COVER LETTER

21 19 0CT -8 AM 9: 34 **TO:** Registration Section Division of Corporations Office Space Organizing LLC SUBJECT:__ Name of Limited Liability Company DOCUMENT NUMBER: L18000174079 The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing. Please return all correspondence concerning this matter to the following: United States Corporation Agents, Inc. Name of Person Legalzoom.com, Inc. Name of Firm/Company 101 North Brand Blvd, 11th Floor Address Glendale, CA 91203 City/State and Zip Code raresignations@legalzoom.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Janna Pantoja 773-0888 x3950 Name of Person

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provi	sions of section 605.0115, Florida Statutes, th	e undersigned.		0 2
United States Corporation Agents, Inc.		, hereby resigns as	75	F
	Name of Registered Agent	, neredy resigns us	•	بي
Registered Agent for Office Space Organizing LLC			· · · · · · · · · · · · · · · · · · ·	म् <u>।</u> मुख्य
	Name of Limited Liability Company			·
L18000174079				
Document	Number, if known			
	Number, it known ation was mailed to the above listed limited lis	ability company at its last l	known add	ress.
A copy of this resign. The agency is termin	ation was mailed to the above listed limited lia ated and the office discontinued on the 31st da Signature of Resigning	ay after the date on which		
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A copy of this resign	ation was mailed to the above listed limited lia ated and the office discontinued on the 31st de Signature of Resigning of an entity: Cheyenne Moseley	Agent		

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