L18000179645

| (Re | questor's Name) | |
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| (Ad | dress) | |
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| (Cit | y/State/Zip/Phone # | f) |
| PICK-UP | <u></u> | MAIL |
| (Bu | siness Entity Name | ·) |
| (Document Number) | | |
| Certified Copies | _ Certificates o | of Status |
| Special Instructions to Filing Officer: | | |
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| TO: | Registration Section |
|---------|---|
| | Division of Corporations |
| SUBJ | JECT: GAIA AND URANUS L.L.C. Name of Limited Liability Company |
| DOC | UMENT NUMBER: <u>L18000179645</u> |
| | nclosed Resignation of Registered Agent for a Limited Liability Company and fee are itted for filing. |
| Please | e return all correspondence concerning this matter to the following: |
| Unite | ed States Corporation Agents, Inc. |
| | Name of Person |
| Lega | ilzoom.com, Inc. |
| | Name of Firm/Company |
| 101 (| North Brand Blvd. 11th Floor |
| | Address |
| Glen | dale, CA 91203 |
| | City/State and Zip Code |
| E | gnations@legalzoom.com -mail address: (to be used for future annual report notification) -orther information concerning this matter, please call: |
| Kasar | at (1 800) 773-0888 x3951 |
| | Name of Person Area Code Daytime Telephone Number |
| liabili | sed is a check made payable to the Florida Department of State for \$85.00 for an active limit ty company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn d liability company.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 provisi | ons of section 605.0115, Florida Statutes, the unders | signed, | | |
|---|---|--------------------------------------|---------------|--|
| United States Corporation Agents, Inc. | | , hereby resigns as | ov resigns as | |
| | | | | |
| Registered Agent for_ | GAIA AND URANUS L.L.C. | | | |
| .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | Name of Limited Liability Company | | | |
| GAIA AND URANG Document N | JS L.L.C. LISOCOM | 9445 | | |
| A copy of this resignar | tion was mailed to the above listed limited liability c | ompany at its last known address. | | |
| The agency is terminate | ed and the office discontinued on the 31st day after the | date on which this statement is file | J | |
| | Signature of Resigning Agent | | | |
| If signing on behalf of | an entity; | ٠. | | |
| | Cheyenne Moseley | | | |
| | Typed or Printed Name | | | |
| | Asst. Secretary for United States Corporation Agent | s, Inc. | | |
| | Capacity | s, Inc. | | |
| | FILING FEES: \$ 85.00 Active limited liability com \$ 25.00 Administratively dissolved/ | oany voluntarily dissolved/ | | |

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

withdrawn limited liability company