118000181615

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





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RA Resignation

JUL 0 0 2020

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COVER LETTER

Name of	f Limited Liabilit	y Company	
DOCUMENT NUMBER: L1800018761	<u> </u>	<u> </u>	
The enclosed Resignation of Registered Ag for filing.	gent for a Limite	d Liability Company and fee	are submitted
Please return all correspondence concerning	g this matter to t	the following:	
United States Corporation Agents, Inc.			
Name of Person		_	
Legalzoom.com, Inc.			
Name of Firm/Company		_	
101 North Brand Blvd. 11th Floor			
Address	<u> </u>	_	
Glendale, CA 91203			
City/State and Zip Code	_	_	20 20
raresignations@legalzoom.com			0 25
E-mail address: (to be used for future annual re	eport notification)	_	7 7 A A C C C C C C C C C C C C C C C C
For further information concerning this mat	tter, please call:		HA S
Janna Pantoja	800	ุ773-0888 x3950	F 82
Name of Person	at (Area Code	Daytime Telephone Number	

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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 section 605.011	5. Florida Statutes, the undersi	gned,		
United States Corporation Agents, Inc. Name of Registered Agent		, hereby resigns as		
Name of Lin	nited Liability Company		·	
L18000187615				
Document Number, if known				
A copy of this resignation was mailed to the a	above listed limited liability co	mpany at its last known addre	ess.	
The agency is terminated and the office disco	ontinued on the 31st day after the	ne date on which this statemer	nt is f	īled.
	Signature of Resigning Agent			
If signing on behalf of an entity:				_
Cheyenne Moseley			20	N.S.
T	yped or Printed Name		.JU!	골 문
Asst. Secretary for United States Corporation Agents, Inc.		ts, Inc.	- 	
	Capacity		÷.	- 03.5E
			PHI	- 84c
FILING	FFFC.		t: 05	RAT
\$ 85.00 \$ 25.00	Active limited liability com Administratively dissolved/ withdrawn limited liability	pany voluntarily dissolved/ company	ָרֶת.	OXS B

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