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COVER LETTER

TO:	Registration Section Division of Corporations
	ECT: Interleaf Strategy LLC Name of Limited Liability Company
DOC	UMENT NUMBER: L18000188657
The en	nclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted ing.
Please	e return all correspondence concerning this matter to the following:
Unite	ed States Corporation Agents, Inc.
_	Name of Person
Lega	Izoom.com, Inc.
	Name of Firm/Company
9900	Spectrum Dr.
	Address
Aust	in, TX 78717
	City/State and Zip Code
E	-mail address: (to be used for future annual report notification)
For fi	urther information concerning this matter, please call:
Janr	Name of Person at (1800) 773-0888 x3950 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 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 provision	ons of section 605.0115, Pfortda Statutes, the underst	gnea.			
United States Corp	poration Agents, Inc.	nereby resigns as			
	Name of Registered Agent				
Registered Agent for _	nterleaf Strategy LLC				
	Name of Limited Liability Company	<u> </u>		,	
L18000188657					
Document N	lumber, if known				
	ion was mailed to the above listed limited liability co				ं । जन
The agency is terminat	ed and the office discontinued on the 31st day after the Signature of Resigning Agent		ins state	2019 HAY 20	med. व्यूम्
If signing on behalf of an entity:			.•	20	
	Cheyenne Moseley			=	1
	Typed or Printed Name		-	:01 HV	
	Asst. Secretary for United States Corporation Agen	its, Inc.	<u></u>	: 50	
	Capacity				

FILING FEES: \$ 85.00 Active \$ 25.00 Admi Active limited liability company
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withdrawn limited liability company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