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## **COVER LETTER**

Registration Section Division of Corporations

TO:

	of Limited Liability Company
DOCUMENT NUMBER: L180001987	758
The enclosed Resignation of Registered A or filing.	Agent for a Limited Liability Company and fee are submitted
Please return all correspondence concerni	ing this matter to the following:
United States Corporation Agents, Inc	C.
Name of Person	<del></del>
_egalzoom.com, Inc.	
Name of Firm/Company	<del></del>
101 North Brand Blvd. 11th Floor	
Address	
Glendale, CA 91203	
City/State and Zip Code	
aresignations@legalzoom.com	
E-mail address: (to be used for future annual	report notification)
for further information concerning this m	iatter, please call:
Kasandra Lund	at ( 1 800 ) 773-0888 x3951  Area Code Daytime Telephone Number
Mama at D	Area Code Daytime Telephone Number

STREET ADDRESS:

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Registration Section

Clifton Building

INHS17 (2/14)

P.O. Box 6327

MAILING ADDRESS:

Division of Corporations

Tallahassee, FL 32314

Registration Section

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ns of section 605.0115, Florida Statutes, the under	rsigned.
United States Corpo	oration Agents, Inc.	h sasku mui
Name of Registered Agent		, hereby resigns as
Registered Agent for A	merican Subsidy and Incentive Group LL	.C
	Name of Limited Liability Company	
L18000198758		~2
Document Nu	mber, if known	2019 NO
	I and the office discontinued on the 31st day after	company at its last known address.
If signing on behalf of a	n entity:	
	Cheyenne Moseley	
	Typed or Printed Name	<del></del>
	Asst. Secretary for United States Corporation Age	ents, Inc.
	Capacity	
	FILING FEES:	

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

\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company