(Requestor's Name)			
(Address)			
(Address)			
(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



000339000440

01/14/20--01024--012 **25.00

2: 56

C. GOLDEN

FEB 1 2 2020

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: ENJOY THE TREK LLC
Name of Limited Liability Company
DOCUMENT NUMBER: L18000199928
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:
Kasandra Lund at (1 800) 773-0888 x 3951
Name of Person 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provis	ions of section 605.0115. Florida Statutes, the undersigne	d,
United States Cor	, hereby resigns as	
	Name of Registered Agent	
Registered Agent for_	ENJOY THE TREK LLC	
	Name of Limited Liability Company	,
L18000199928		
Document :	Number, if known	
A copy of this resigna	tion was mailed to the above listed limited liability comp	any 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 filed.
	Signature of Resigning Agent	2020 (14% 116
If signing on behalf of an entity:		<u>.</u>
	Cheyenne Moseley	
	Typed or Printed Name	— जु
	Asst. Secretary for United States Corporation Agents, Inc.	. <u>О</u>
	Capacity	— 5

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\$25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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