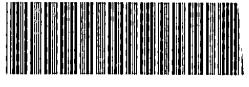
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(Requestor's Name)			
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PICK-UP WAIT MAIL			
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Certified Copies Certificates of Status			
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Special Instructions to Filing Officer:			

Office Use Only



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T. LEMIEUX

STATEMENT OF RESIGNATION OF REGISTERED AG FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115	5, Florida Statutes, the unde	ersigned,	
MYCORPORATION BUSINESS SERVICES, INC. Name of Registered Agent		, hereby resigns as	
	 		
Name of Limi	ited Liability Company		
L18000208699			
Document Number, if known			
A copy of this resignation was mailed to the a	bove listed limited liability	company at its last known address	
The agency is terminated and the office discor	ntinued on the 31st day after	er the date on which this statement	
Jana	Signature of Resigning Agent		
If signing on behalf of an entity:			
Dana Case		₩.,. ~	
Manager	yped or Printed Name	20 0CT	
	Capacity	55.0	
FILING \$ 85.00 \$ 25.00	FEES: Active limited liability c Administratively dissolv withdrawn limited liabil	ompany wed/ voluntarily dissolved/	

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