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COVER LETTER

TO: Registration Section Division of Corporations	
CAFFEINECHAOSANDCUSS\	WORDS LLC
SUBJECT:Name of Limited Liabili	ty Company
DOCUMENT NUMBER: L18000224501	
The enclosed Resignation of Registered Agent for a Limit for filing.	ed Liability Company and fee are submitted
Please return all correspondence concerning this matter to	the following:
Chelsea Chapman	
Name of Person	_
Legalinc Corporate Services, Inc.	
Name of Firm/Company	_
10601 Clarence Drive, Suite 250	
Address	_
Frisco, TX 75033	
City/State and Zip Code	_
E-mail address: (to be used for future annual report notification)	_
For further information concerning this matter, please call:	
Chelsea Chapman 844	386-0178
Name of Person at (Area Cod	Daytime Telephone Number
Enclosed is a check made payable to the Florida Departme liability company or \$25.00 for an administratively dissolv liability company.	nt of State for \$85.00 for an active limited ed. voluntarily dissolved or withdrawn limited
MAILING ADDRESS: STRE	EET ADDRESS:

Registration Section

Division of Corporations Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

INHS17 (2/14)

P.O. Box 6327

Registration Section

Division of Corporations

Tallahassee, FL 32314

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

rursuant to the provisi	ons of section 603.0113, mortaa statutes, the u	ndersigned,
Legalinc Corporate	e Services, Inc.	, hereby resigns as
	Name of Registered Agent	
Registered Agent for _	CAFFEINECHAOSANDCUS	SWORDS LLC
	Name of Limited Liability Company	· · · · · · · · · · · · · · · · · · ·
L1800	0224501	
Document N	lumber, if known	
_	ed and the office discontinued on the 31st day a signature of Resigning Age	after the date on which this statement is filed
If signing on behalf of	an entity:	<u> </u>
	Chelsea Chapman	 ယ
	Typed or Printed Name	
	on Behalf of Legalinc Corporate Sen	vices, Inc.
	Capacity	

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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