# L18000229614

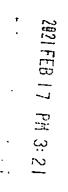
(Requestor's N	ame)	
(Address)	<del> </del>	
(Address)		
(City/State/Zip/	Phone #)	
PICK-UP WA	IT MAIL	
(Business Enti	ty Name)	
(Document Number)		
Certified Copies Certif	ficates of Status	
Special Instructions to Filing Officer:		

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### COVER LETTER

TO:	Registration Section Division of Corporations	1 1
SUBJ	Under the Cloud LLC	
	Name of Limited Liability	Company
DOC	UMENT NUMBER: L18000229614	
The e for fil	nclosed Resignation of Registered Agent for a Limited ing.	l Liability Company and fee are submitted
Please	e return all correspondence concerning this matter to the	ne following:
Unite	ed States Corporation Agents, Inc.	
	Name of Person	
Lega	Izoom.com, Inc.	
	Name of Firm/Company	
101	North Brand Blvd. 11th Floor	
	Address	
Glen	dale, CA 91203	
	City/State and Zip Code	
rares	ignations@legalzoom.com	
E	-mail address: (to be used for future annual report notification)	
For fu	rther information concerning this matter, please call:	
	Name of Person at (  Area Code	773-0888 ) Daytime Telephone Number
	name of reison 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

INHS17 (2/14)

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY 3: 21

Pursuant to the provisions of section 605.0115. Florida Statutes, the ur	ndersigned,
United States Corporation Agents, Inc.	, hereby resigns as
Name of Registered Agent	
Registered Agent for Under the Cloud LLC	
Name of Limited Liability Company	
L18000229614	
Document Number, if known	
A copy of this resignation was mailed to the above listed limited liabili	
The agency is terminated and the office discontinued on the 31st day a	
If signing on behalf of an entity:	
Cheyenne Moseley	
Typed or Printed Name	
Asst. Secretary for United States Corporation a	Agents, 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