LIS OCC 242540

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status

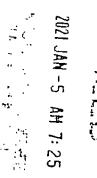
Special Instructions to Filing Officer:
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O SIMMONS FEB 1 9 2021

COVER LETTER

SUBJECT: Name of Limited Liability Co	ompany
DOCUMENT NUMBER: L18000242540	
The enclosed Resignation of Registered Agent for a Limited Lifer filing.	iability Company and fee are submitted
Please return all correspondence concerning this matter to the t	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:	
	73-0888 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited

MAILING ADDRESS:

liability company.

Registration Section Division of Corporations

TO:

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 provisio	ns of section 605.0115. Florida Statutes, the unde	rsigned.	27	207	
United States Corp	oration Agents, Inc.	, hereby resigns as	#D	2021 JAN	
	Name of Registered Agent	t nares, rang to	``r	=	
Registered Agent for D	irect Mailshop Services LLC			Ġ	i.
			सम्ब	7	į
	Name of Limited Liability Company			7: 25	•
L18000242540			1,		
Document Nu	amber, if known				
A copy of this resignation	on was mailed to the above listed limited liability	company at its last kn	own addre	:88.	
The agency is terminate	d and the office discontinued on the 31st day afte	r the date on which th	is statemer	it is file	rd.
	Signature of Resigning Agent				
If signing on behalf of a	in entity:				
	Cheyenne Moseley				
	Typed or Printed Name				
	Asst. Secretary for United States Corporation Ag	ents, 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