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COVER LETTER

Perpetual Finance Group LLC	
SUBJECT: Name of Limited Liability	Company
DOCUMENT NUMBER: L18000248707	
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	ne 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:	
Name of Person at (Area Code	773-0888 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:

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

INHS17 (2/14)

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisi	ons of section 605.01	5. Florida Statutes, the undersigned,	
United States Cor		in.	
	Name of Registered Age	the the thick the transfer of	
Registered Agent for _	Perpetual Finance	Group LLC	
	Name of Lir	nited Liability Company	·
L18000248707			
Document N	iumber, if known		
		above listed limited liability company at its last last last intinued on the 31st day after the date on which	
If signing on behalf of a	an entity:	Signature of Resigning Agent	
5 0	Cheyenne Mose	eley	
].	yped or Printed Name	
	Asst. Secretary for L	Inited States Corporation Agents, Inc.	~;
	FILING	Capacity FEES:	y september 15
	\$ 85.00 \$ 25.00	Active limited liability company Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company	olved/

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