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(Re	questor's Name)	
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COVER LETTER

TO: Registration Section
Division of Corporations
SUBJECT: Apocalypse Later LLC Name of Limited Liability Company DOCUMENT NUMBER: L18000249866
Name of Limited Liability Company
DOCUMENT NUMBER: L18000249866
The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.
Please return all correspondence concerning this matter to the 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:
Kasandra Lund 1 800 773-0888 x3951
Kasandra Lund at (1800 773-0888 x3951 Name of Person 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limit

MAILING ADDRESS:

liability company.

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 provisi			19 OF C
United States Cor	poration Agents, Inc.	, hereby resigns as	<i>~</i> 23 ₹
	Name of Registered Agent		平 8
Registered Agent for <u>/</u>	Apocalypse Later LLC		
			22
	Name of Limited Liability Comp	pany	
L18000249866			
Document S	Manual Communication (1991)		
	Number, if known		
A copy of this resignat	tion was mailed to the above listed limit		
A copy of this resignat			
A copy of this resignat	tion was mailed to the above listed limit	1st day after the date on which this	
A copy of this resignat The agency is terminat	tion was mailed to the above listed limit ted and the office discontinued on the 3 Signature of Resignation	1st day after the date on which this	
A copy of this resignat The agency is terminat	tion was mailed to the above listed limit ted and the office discontinued on the 3 Signature of Resignation	1st day after the date on which this	
A copy of this resignat The agency is terminat	tion was mailed to the above listed limit ted and the office discontinued on the 3 Signature of Resignature of	Ist day after the date on which this	
A copy of this resignat	tion was mailed to the above listed limit ted and the office discontinued on the 3 Signature of Resignature Cheyenne Moseley	Ist day after the date on which this gning Agent	

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