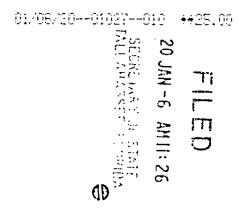
# 4/8000263096

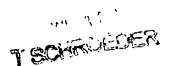
(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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### **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: ONL1 L.L.C.
Name of Limited Liability Company L 18000263006
DOCUMENT NUMBER: L18000263096
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:
Name of Person at (800 ) 773-0888 x395  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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Pursuant to the provisio	ns of section 605.0115	. Florida Statutes, the unde	ersigned.			
United States Corporation Agents, Inc.		_ , hereby resigns as				
Name of Registered Agent						
Registered Agent for C	NL1 L.L.C.					_
	Name of Limit	ted Liability Company				_·
L18000263096						
Document No	imber, if known					
A copy of this resignation	on was mailed to the ab	pove listed limited liability	company at its las	st known a	ddres	S.
The agency is terminate	d and the office discon	tinued on the 31st day after the state of Resigning Agent	er the date on whice	h this state	ement	is filed
If signing on behalf of a	n entity:					
	Cheyenne Mosel	еу		₹	· <b>K</b> S	
	Tyj	ped or Printed Name			20 JAN -1	
	Asst. Secretary for Ur	nited States Corporation Ag	gents, Inc.	<u>infi</u>	M	TI
		Capacity	-	esti i	S)	
	FILING F \$ 85.00 \$ 25.00	FEES: Active limited liability c Administratively dissolv withdrawn limited liabil	ompany ed/ voluntarily de ity company	Dyseq\ - 10 kg/l/s	AM 11: 27	J

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