118000 281569

(Re	equestor's Name)		
(Ac	ddress)		
(Ac	ddress)		
(Ci	ty/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	usiness Entity Nar	ne)	
(Do	ocument Number)		
Certified Copies	_ Certificates	s of Status	
Special Instructions to Filing Officer:			

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COVER LETTER

SUBJECT: Midas Touche Innovation	is LLC		
Nam	e of Limited Liabilit	y Company	
DOCUMENT NUMBER: L18000281	569		
The enclosed Resignation of Registered for filing.	Agent for a Limite	d Liability Company and fee are submitted	
Please return all correspondence concer-	ning this matter to	the following:	
United States Corporation Agents, I	nc.		
Name of Person		_	
Legalzoom.com, Inc.			
Name of Firm/Compar	ıy	_	
101 North Brand Blvd. 11th Floor			
Address	· -	_	
Glendale, CA 91203			
City/State and Zip Cod	le	_	
raresignations@legalzoom.com			
E-mail address: (to be used for future annu-	ual report notification)	_	
For further information concerning this	matter, please call:		
Janna Pantoja	800	773-0888 x3950	
Name of Person	Area Cod	Daytime Telephone Number	
Enclosed is a check made payable to the liability company or \$25.00 for an admit liability company.	e Florida Departme nistratively dissolv	nt of State for \$85.00 for an active limited ed. voluntarily dissolved or withdrawn limited	
MAILING ADDRESS:	STREET ADDRESS:		
Registration Section	Registration Section		
Division of Corporations	Division of Corporations		
P.O. Box 6327	Clifton Building		
Tallahassee, FL 32314	2661 Executive Center Circle		

Tallahassee, FL 32301

TO: Registration Section Division of Corporations

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.011	5, Florida Statutes, the under	rsigned.	~ `	
United States Corporation Agents, Inc		hereby resions as	2020 APK	
		. Hereby resignis an	ŘΡΙ	,•
			20	
			-0	
Name of Limited Liability Company			. 72	
L18000281569			<u>-</u>	
Document Number, if known				
A copy of this resignation was mailed to the				.*1
The agency is terminated and the office disco	Signature of Resigning Agent	r the date on which this st	atement is	HICG.
It signing on behalf of an entity:				
Cheyenne Mose	eley			
	yped or Printed Name	-		
Asst. Secretary for U	Inited States Corporation Ag	ents, Inc.		
	Capacity			

FILING FEES:

\$ 85.00 \$ 25.00 Active limited liability company
Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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