# 118000292245

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### **COVER LETTER**

	imited Liability	Company
DOCUMENT NUMBER: L18000292245		
The enclosed Resignation of Registered Ager for filing.	nt for a Limited	Liability Company and fee are submitted
Please return all correspondence concerning t	this matter to th	e following:
United States Corporation Agents, Inc.		
Name of Person		
Legalzoom.com, Inc.		
Name of Firm/Company	<del>_</del>	
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 rep	port notification)	•
For further information concerning this matt	er, please call:	
Janna Pantoja	800 at (	773-0888 x3950 Daytime Telephone Number
Name of Person	Area Code	Daytime Telephone Number

#### MAILING ADDRESS:

**TO:** Registration Section Division of Corporations

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 provisions of sec	ction 605.0115,	Florida Statutes, the undersig	gned,	
United States Corporation	n Agents, Inc	. he	ereby resigns as	
Name of Registered Agent			, 0	
Registered Agent for Deed M	arketing LLC			
	Name of Limite	ed Liability Company		
L18000292245				
Document Number, if	knowii	<del>_</del>		
A copy of this resignation was	mailed to the ab	ove listed limited liability co	empany at its last known address.	
The agency is terminated and the	ne office discon	tinued on the 31st day after th	he date on which this statement is file	
		Signature of Resigning Agent		
If signing on behalf of an entity	<b>/:</b>			
Che	yenne Mosel	<b>е</b> у		
	Typed or Printed Name		· ·	
Asst.	Secretary for Ur	nited States Corporation Agen	nts, Inc.	
		Capacity	•	
			<del>-</del>	
	FILING 1 \$ 85.00 \$ 25.00	FEES: Active limited liability con Administratively dissolved withdrawn limited liability	npany / voluntarily dissolved/ 🌣	

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