L19 00000 2456

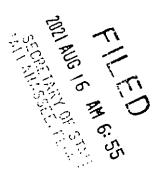
(Requestor's Name)		
(Address)		
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(188,665)		
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(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Dusiness Littly Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
Opecial manucions to 1 ming Officer.		

Office Use Only



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COVER LETTER

FO: Registration Section Division of Corporations			
Faith in Humanity Shop LLC			
Name of Limited Liability Company			
DOCUMENT NUMBER: L19000002456			
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			
9900 Spectrum Dr.			
Address			
Austin, TX 78717			
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 Area Code Daytime Telephone Number			
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			

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ons of section 605.0115. Florida Statutes, the unde	ersigned.
United States Corporation Agents, Inc.		, hereby resigns as
	Name of Registered Agent	
Registered Agent for _	aith in Humanity Shop LLC	
	Name of Limited Liability Company	·
L19000002456		
Document N	lumber, if known	
A copy of this resignati	ion was mailed to the above listed limited liability	company at its last known address.
The agency is terminate	ed and the office discontinued on the 31st day after	er the date on which this statement is filed.
	Senature of Resigning Agent	
If signing on behalf of	an entity:	
	Cheyenne Moseley	
	Typed or Printed Name	
	Asst. Secretary for United States Corporation A	gents, Inc.
	Capacity	

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

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