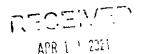
L19000024353

(Requestor's Name)
(Address)
(Address)
,
(City/State/Zip/Phone #)
(Only Galler Elph Holle #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(,
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT:	
Name of Limited Liability Company	
DOCUMENT NUMBER: L19000024353	
The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.	ted
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:	
Myriah Keyser at (800 773-0888 Name of Person 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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	ns of section 605.011	5. Florida Statutes, the under	rsigned.			
United States Corporation Agents, Inc. , hereby re				.S		
Registered Agent for Si	EG IMAGERY LL	.C				
	Name of Lin	nited Liability Company	 .			
L19000024353						
Document Nu	imber, it known					
A copy of this resignation	on was mailed to the	above listed limited liability	company at its las	st known a	ddress.	
The agency is terminated	d and the office disco	ontinued on the 31st day after	the date on whic	h this state	ement is	filed.
	C	lu				
		Signature of Resigning Agent				
If signing on behalf of a	n entity:					
	Cheyenne Mose	eley				
		Typed or Printed Name				
	Asst. Secretary for l	United States Corporation Ago	ents, Inc.		202	
		Capacity		2:	1 AP	
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability co Administratively dissolve withdrawn limited liabili	ed/ voluntarily dis	HASSEE, FORIO	2021 APR 19 PM 12: 42	

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