1190000 28427

(Requestor's Name)		
(Address)		
(Address)		
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(Document Number))	
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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Voice of my Mother LLC		
Name	of Limited Liability	y Company
DOCUMENT NUMBER: L190000284	27	
The enclosed Resignation of Registered A for filing.	agent for a Limited	d Liability Company and fee are submitted
Please return all correspondence concerni	ng this matter to t	he following:
United States Corporation Agents, Inc	C.	
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		
E-mail address: (to be used for future annual	report notification)	-
For further information concerning this ma	atter, please call:	
Janna Pantoja	1 800 ສາ (773-0888 x3950
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 prov	visions of section 605.01	15. Florida Statutes, the u	indersigned.
	orporation Agents, I		
Name of Registered Agent		, hereby resigns as	
Registered Agent fo	Voice of my Mothe	er LLC	
	Name of Li	united Liability Company	,
L19000028427			
Docume	nt Number, if known		
A copy of this resign	nation was mailed to the	above listed limited liabi	lity company at its last known address.
It'signing on behalf i		Signature of Resigning Age	after the date on which this statement is filed.
C D • • • • • • • • • • • • • • • • • • •	Cheyenne Mose	elev	
		Typed or Printed Name	
		United States Corporation	Agents, Inc.
		Capacity	
	FILING \$ 85.00 \$ 25.00	Active limited liability	olved/voluntarily dissolved/
	Make checks payat	ole to Florida Department Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	of State and mail to: 75