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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Name of	Limited Liability	Company
DOCUMENT NUMBER: L19000033718	•	·
The enclosed Resignation of Registered Agree for filing.	ent for a Limited	I Liability Company and fee are submitted
Please return all correspondence concerning	g this matter to th	ne following:
Chelsea Chapman		
Name of Person		
Legaline Corporate Services, Inc.		
Name of Firm/Company		
10601 Clarence Drive, Suite 250		
Address	-	
Frisco, TX 75033		
City/State and Zip Code		
E-mail address: (to be used for future annual re	port notification)	
For further information concerning this mat	ter, please call:	
Chelsea Chapman	844 at (386-0178
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

INHS17 (2/14)

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 60	05.0115, Florida Statutes, the un	dersigned.
Legaline Corporate Services, Inc.		, hereby resigns as
Name of Register	red Agent	
Registered Agent for CICERON CLEAR	NERS LLC	
Name	of Limited Liability Company	
L19000033718		
Document Number, if known		
A copy of this resignation was mailed to	o the above listed limited liabili	ty company at its last known address.
The agency is terminated and the office	e discontinued on the 31st day at My M Signature of Resigning Agen	fier the date on which this statement is filed.
If signing on behalf of an entity:	•	2020 APR
	Chelsea Chapman	PR 2
	Typed or Printed Name	
on Beh	nalf of Legaline Corporate Service:	s, 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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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