L19000035263

(Requesto	r's Name)				
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP	WAIT MAIL				
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates of Status				
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2021 APR 13 AM 7: 19
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COVER LETTER

TO:	Registration Section
	Division of Corporations
SUB.	JECT: URBN United LLC Name of Limited Liability Company
	·
DOC	UMENT NUMBER: L19000035263
The e	nclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted ing.
Pleas	e return all correspondence concerning this matter to the following:
Ed T	suji
	Name of Person
МуС	ompanyWorks, Inc.
	Name of Firm/Company
187	E. Warm Springs Rd., Suite B
	Address
Las	Vegas, NV 89119
	City/State and Zip Code
orde	rs@mycompanyworks.com
	-mail address: (to be used for future annual report notification)
For fi	orther information concerning this matter, please call:
Jenr	ifer Peters 702 362-2677
	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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provi	sions of section 605.011	5. Florida Statutes, the u	ndersigned.			
InCorp Services,	Inc.		, hereby resigns as			
	Name of Registered Age	ent				
Registered Agent for	URBN United LLC					
	Name of Lin	nited Liability Company				
L19000035263						
Document	Number, if known					
-		above listed limited liabi				
The agency is termin	ated and the office disco	ontinued on the 31st day and the 31st day and 31st day an		this stater	nent is	i filed.
If signing on behalf o	f an entity:			₹	~9	
	Jennifer Peters				2021 APR 13	
	"	Typed or Printed Name			ÁΡϜ	11
	Assistant Secre	tary			$\frac{2}{3}$	· · -
		Capacity		ñn≪ M.C.		: ()
	FILING \$ 85.00 \$ 25.00	Active limited liabilit	olved/voluntarily disso	STATE LORIDA de	AM 7: 19	C

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