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COVER LETTER

Registration Section Division of Corporations

TO:

P2 Style LLC				
SUBJECT: R2 Style LLC Name of Limit	ed Liability	Company		
DOCUMENT NUMBER: L19000036821	ea momy	Company		
The enclosed Resignation of Registered Agent for filing.	r a Limited	Liability Company and fee are submitted		
Please return all correspondence concerning this	matter to th	e 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				
E-mail address: (to be used for future annual report no	otification)			
For further information concerning this matter, pl	ease call:			
Janna Pantoja at (at (1 800	773-0888 x3950		
Name of Person	Area Code) Daytime Telephone Number		
Enclosed is a check made payable to the Florida I liability company or \$25.00 for an administrative liability company.	Department ly dissolved	of State for \$85.00 for an active limited I, voluntarily dissolved or withdrawn limited		
MAILING ADDRESS:	STREE	T ADDRESS:		
Registration Section	Registration Section			
Division of Corporations	Division of Corporations			

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

INFIS17 (2/14)

P.O. Box 6327

Tallahassee, FL 32314

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provi	sions of section 605.0115.	Florida Statutes, the unde	rsigned.			
United States Corporation Agents, Inc. Name of Registered Agent		_ , hereby resigns as				
			thereby resigns as			
Registered Agent for	R2 Style LLC					_
	Name of Limited	d Liability Company		· · · · · ·	-	_·
L19000036821						
Documen	Number, it known					
	ation was mailed to the abo	·				
ir signing on ochan c	·			SEC	2019	
	Cheyenne Mosele	y d or Printed Name	 -		2019 JUL 22	1
	Asst. Secretary for United States Corporation Agents,		ents, Inc.	AS AS	22	ا ا
	FILING FF \$ 85.00 - 7 \$ 25.00 - 7	Capacity EES: Active limited liability co Administratively dissolve withdrawn limited liabilit	d/ voluntarily dis	SEE, FL solved/	PH 3: 13	

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, F1, 32314