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SECRETARY OF STATE

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JQ 04/29/20

COVER LETTER

Name	of Limited Lia	bility Company
DOCUMENT NUMBER: L190000488	362 —————	
The enclosed Resignation of Registered <i>i</i> for filing.	Agent for a Lir	nited Liability Company and fee are submitted
Please return all correspondence concern	ing this matter	to the following:
United States Corporation Agents, In	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	· · · · · · · · · · · · · · · · · · ·	
raresignations@legalzoom.com		
E-mail address: (to be used for future annua	l report notificati	on)
For further information concerning this m	natter, please c	all:
Jazmine Johnson	800	773-0888 x5122
Name of Person	at (Area (ode 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

TO:

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	ons of section 605.0115, Florida	Statutes, the undersigned,		
United States Corporation Agents, Inc. hereby re			siens as	
	Name of Registered Agent		/·e	
Registered Agent for _	lebrijes LLC			
	Name of Limited Liabilit	y Company		<u></u> ·
L19000048862				
Document N	umber, if known			
A copy of this resignati	on was mailed to the above liste	d limited liability company a	t its last known addre	ess.
The agency is terminate	ed and the office discontinued or	the 31st day after the date of	n which this statemen	nt is filed.
	Signature	of Resigning Agent	3_01 10_01	2020 AllC -
If signing on behalf of	an entity:			
	Cheyenne Moseley		HAR.	
	Typed or Prin	ted Name	SS.	- 17
	Asst. Secretary for United Stat	es Corporation Agents, Inc.	(L) (S) (E) (E) (E) (E) (E) (E) (E) (E) (E) (E	
	Capacity		FAT	

FILING FEES:

Active limited liability company
Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company \$ 85.00 \$ 25.00

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