L19000 048 974

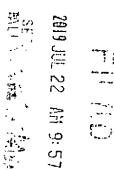
(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

Office Use Only



300331999663

07/32/19--01039--024 **25.00



Y SULKER JUL 29 2019

COVER LETTER

. 1.

TO:	Registration Section
	Division of Corporations

SUBJECT: AURORA DIGIMARKE	FING LLC of Limited Liabili	ty Conyony
		ty Company
DOCUMENT NUMBER: <u>L190000489</u>	9/4	
The enclosed Resignation of Registered A submitted for filing.	Agent for a Limit	ed Liability Company and fee are
Please return all correspondence concerni	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 notification)	_
For further information concerning this m	aatter, please call	
Kasandra Lund	at (1 800) 773-0888 x3951
Name of Person	Area Cod	e Davtime Telephone Number

MAILING ADDRESS:

limited liability company.

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 provis	ions of section 605.0115. Florida Statutes, the undersigne	ed.
United States Cor	, hereby resigns as	
	Thereby resigns to	
Registered Agent for_	AURORA DIGIMARKETING LLC	
	Name of Limited Liability Company	·
L19000048974		
Document 8	Sumber, if known	
	ed and the office discontinued on the 31st day after the date	型。 23
If signing on behalf of an entity:		99 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
	Cheyenne Moseley	57
	Typed or Printed Name	_
	Asst. Secretary for United States Corporation Agents, Inc.	<u>.</u>
	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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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