1190000 74672

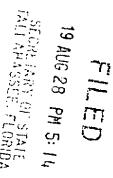
| (Requestor's Name) | | | | |
|---|--|--|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP WAIT MAIL | | | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies Certificates of Status | | | | |
| Special Instructions to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



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COVER LETTER

| SUBJECT: JOHN T. SHANNON, | CPA LLC ame of Limited Liability Company |
|--|--|
| | , , |
| DOCUMENT NUMBER: <u>L190000</u> | 174672 |
| The enclosed Resignation of Registere submitted for filing. | ed Agent for a Limited Liability Company and fee a |
| Please return all correspondence conce | erning this matter to the following: |
| United States Corporation Agents, | , Inc. |
| Name of Person | - |
| Legalzoom.com, Inc. | |
| Name of Firm/Compa | any |
| 101 North Brand Blvd. 11th Floor | |
| Address | |
| Glendale, CA 91203 | |
| City/State and Zip Co | ode |
| raresignations@legalzoom.com E-mail address: (to be used for future an | must report notification) |
| For further information concerning this | • |
| Kasandra Lund | at (1 800) 773-0888 x3951 |
| Nasanua Luuu | at (, 555) , , 5 5 5 5 5 7 |

MAILING ADDRESS:

limited liability company.

TO: Registration Section

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 S | statutes, the undersigne | d, |
|-------------------------|--|---|--|
| United States Cor | poration Agents, Inc. | | . hereby resigns as |
| | Name of Registered Agent | | . hereby realghs as |
| Registered Agent for_ | JOHN T. SHANNON, CPA LLC | | |
| | Name of Limited Liability C | Company | · |
| 1.19000074672 | | | |
| Document 8 | lumber, if known | | |
| A copy of this resigna | tion was mailed to the above listed | limited liability compa | iny at its last known address. |
| | ed and the office discontinued on the | | |
| | Signature of F | Resigning Agent | |
| lf signing on behalf of | an entity: | | ~ |
| | Cheyenne Moseley | | 19 15 16 |
| | Typed or Printed | Name | |
| | Asst. Secretary for United States | Corporation Agents, Inc | 28 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 |
| | Capacity | | FILED AUG 28 PM 5: 1 WG AGASS DE SIAI |
| | | | 35 |
| | FILING FEES: | | AIE AIE |
| | \$ 85.00 Active limi \$ 25.00 Adminis | ited liability company stratively dissolved/ vo m limited liability com | |

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