L19000076531

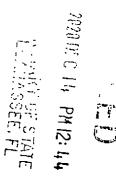
	<u> </u>	
(Re	equestor's Name)	
(Ac	ldress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	: #)
PICK-UP	WAIT	MAIL
(Bi	usiness Entity Nam	ne)
(Document Number)		
·	,	
Certified Copies	Certificates	of Status
	-	
		
Special Instructions to	Filing Officer:	

Office Use Only



600355866706

600955866706 13/14/20--01015--005 ++25.00



111 KT 1011

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Simpson Connections LLC	
Name of Limited Liability Company	
DOCUMENT NUMBER: L19000076531	
The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are for filing.	submitted
Please return all correspondence concerning this matter to the following:	
United States Corporation Agents, Inc.	
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 annual report notification)	
For further information concerning this matter, please call:	
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provis	tions of section 605.0115, Florida Statutes, the unders	signed,	
United States Corporation Agents, Inc hereby re		hereby resigns as	
		neredy resigns as	
Registered Agent for	Simpson Connections LLC		
	Name of Limited Liability Company		
L19000076531			
Document	Number, if known		
A copy of this resigna	tion was mailed to the above listed limited liability co	ompany at its last known add	dress.
The agency is termina	ted and the office discontinued on the 31st day after	the date on which this staten	nent is filed
	Signature of Resigning Agent	2020 () 5.	
If signing on behalf of	an entity:		<u>-</u> ,
	Cheyenne Moseley		
	Typed or Printed Name		DH 12: L L
	Asst. Secretary for United States Corporation Ager	nts, Inc.	 <u>-</u>
	Capacity	m ·	•

FILING FEES:

\$ 85.00 Active limited liability company
\$ 25.00 Administratively 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