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COVER LETTER

SUBJECT: Name of L	imited Liability	Company
DOCUMENT NUMBER: L19000076567	<u></u>	
The enclosed Resignation of Registered Ager for filing.	nt for a Limited	Liability Company and fee are submitted
Please return all correspondence concerning t	this matter to th	ne 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 rep	ort notification)	
For further information concerning this matter	er, please call:	
Jazmine Johnson	800	773-0888 x5122 Daytime Telephone Number
Name of Person	Area Code	Daytime Telephone Number
Enclosed is a check made payable to the Flor liability company or \$25.00 for an administra liability company.	rida Departmen atively dissolve	t of State for \$85.00 for an active limited d. voluntarily dissolved or withdrawn limit

MAILING ADDRESS:

TO: Registration Section Division of Corporations

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 resigns	, hereby resigns as		
Name of Registered Agent			us		
Registered Agent for _	0M Designs LLC				
	Name of Limited Liability Company			<u> </u>	ı
L19000076567					
Document N	umber, if known				
	on was mailed to the above listed limited liable and the office discontinued on the 31st day				filed.
	cu				
	Signature of Resigning A	tgent	.02	20:	
If signing on behalf of an entity:			A S	70 A	أمائي
Cheyenne Moseley			LAF	2020 AUG -4	
	Typed or Printed Name		AAS AAS	÷	فعلما إ
	Asst. Secretary for United States Corporation	on Agents, Inc.	SET	P	
	Capacity		STATE E, FL	AM 10: 57	رب

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\$ 25.00 Administratively dissolved/ withdrawn limited liability company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