L19000 100 351

| (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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Profit of the first section

COVER LETTER

Registration Section Division of Corporations

TO:

| SUBJECT: Level 4 Exploration LLC | | |
|---|---------------------------------------|--|
| Name of I | _imited Liability | Company |
| DOCUMENT NUMBER: L19000100351 | | |
| The enclosed Resignation of Registered Ages for filing. | nt for a Limited | Liability Company and fee are submitted |
| Please return all correspondence concerning | this matter to th | e 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 | | |
| E-mail address: (to be used for future annual rep | port notification) | |
| For further information concerning this matter | er, please call: | |
| Janna Pantoja | 1 800 | 773-0888 x3950 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 administratiability company. | rida Departmen atively dissolve | of State for \$85.00 for an active limited d. voluntarily dissolved or withdrawn limited |

STREET ADDRESS: Registration Section

Tallahassee, FL 32301

Division of Corporations Clifton Building 2661 Executive Center Circle

INHS17 (2/14)

P.O. Box 6327

MAILING ADDRESS:

Division of Corporations

Tallahassee, FL 32314

Registration Section

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

| Pursuant to the provisions of section 605.0115. Florida | a Statutes, the undersigned, |
|---|--|
| United States Corporation Agents, Inc. | . hereby resigns as |
| Name of Registered Agent | |
| Registered Agent for Level 4 Exploration LLC | |
| Name of Limited Liabil | ity Company |
| L19000100351 | |
| Document Number, if known | |
| A copy of this resignation was mailed to the above list | ded limited liability company at its last known address. |
| The agency is terminated and the office discontinued of | on the 31st day after the date on which this statement is filed. |
| Signatur | e of Restaning Agent |
| If signing on behalf of an entity: | 0 |
| Cheyenne Moseley | <u>₽</u> ; |
| Typed or Pr | inted Name |

Asst. Secretary for United States Corporation Agents, Inc. Capacity

FILING FEES: \$ 85.00 Active \$ 25.00 Admi Active limited liability company
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