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(Add	dress)			
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Cito LLC	
SUBJECT: Name of Limited Liability	/ Company
DOCUMENT NUMBER: L19000111556	
The enclosed Resignation of Registered Agent for a Limited for filing.	d Liability Company and fee are submitted
Please return all correspondence concerning this matter to t	he 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:	
Jazmine Johnson 800	773-0888 x5122 Daytime Telephone Number
Name of Person Area Code	Daytime Telephone Number

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 provisi	ons of section 605.0115, Florida Statutes, th	e undersigned,		
United States Cor.	poration Agents, Inc.	, hereby resigns as		
	Name of Registered Agent	; nereof resigns as		
Registered Agent for _	Cito LLC			
	Name of Limited Liability Company		······································	
L19000111556				
Document N	Sumber, if known			
A copy of this resignat	ion was mailed to the above listed limited lig	ability company at its last known :	address.	
The agency is terminat	ed and the office discontinued on the 31st da	ay after the date on which this stat	tement is	filed.
	Signature of Resigning	Agent	202(응원(
If signing on behalf of	an entity:	ALLA	2020 AUG -4 Seoretari	
	Cheyenne Moseley	HA	18. T]
	Typed or Printed Name	SSE	S 7	
	Asst. Secretary for United States Corporat	ion Agents, Inc.	S	
	Capacity	71	am 10: 52 of state	

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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