# 619000115717

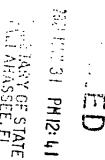
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### **COVER LETTER**

SUBJECT: Under Pressure Enhancement Services Limited Liability Company Name of Limited Liability Company DOCUMENT NUMBER: L19000115747 The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing. 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 9900 Spectrum Dr. Address Austin, TX 78717 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:

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

TO:

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 605.011	5, Florida Statutes, the under	rsigned,			
United States Corporation Agents, Inc. , hereby r			, hereby resigns a	hy reciane ac		
			, nereoy resigns a	J		
Registered Agent for _	Jnder Pressure Er	nhancement Services Li	mited Liability	Compa	iny	_
	Name of Lin	nited Liability Company				<del></del> '
L19000115747						
Document 8	lumber, if known					
	ed and the office disco	above listed limited liability of ontinued on the 31st day after the signature of Resigning Agent				
	Cheyenne Moseley				-	
	Typed or Printed Name Asst. Secretary for United States Corporation Agents, Inc.			<u> </u>	71.	
		Capacity		ETARY O	675 F 31 PM 12: 4	
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability co Administratively dissolve withdrawn limited liabilit	mpany d/ voluntarily dis ty company	E STATE	H12: 41	U

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