119000 120 635

| (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



700333962127

 $= \left(\left\langle \gamma_{i} \right\rangle - \left\langle \gamma_{i} \right\rangle + \left\langle \gamma_{i}$

2019 SEP -9 FH 5: 21

R. WHITE SEP 17 203

COVER LETTER

Registration Section Division of Corporations

TO:

| SUBJECT: Name of Lin | aited Liability Company |
|---|---|
| DOCUMENT NUMBER: L19000120635 | |
| The enclosed Resignation of Registered Agent to filing. | For a Limited Liability Company and fee are submitted |
| Please return all correspondence concerning this | s 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 | ······································ |
| É-mail address: (to be used for future annual report | notification) |
| For further information concerning this matter, | please call: |
| Janna Pantoja | (1 800) 773-0888 x3950 Area Code Daytime Telephone Number |
| Name of Person | Area Code Daytime Telephone Number |
| Enclosed is a check made payable to the Florida liability company or \$25.00 for an administrative liability company. | a Department of State for \$85.00 for an active limited ely dissolved, voluntarily dissolved or withdrawn limite |
| MAILING ADDRESS: | STREET ADDRESS: |

Registration Section

Clifton Building

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

INHS17 (2/14)

P.O. Box 6327

Registration Section

Division of Corporations

Tallahassee, FL 32314

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

| Pursuant to the provi- | sions of section 605.0115, Florida Statutes, the under | signed. | |
|--|--|---------------------|--------|
| United States Corporation Agents, Inc. Name of Registered Agent | | , hereby resigns as | |
| | | | |
| | Name of Limited Liability Company | , | |
| L19000120635 | | | |
| Document | Number, if known | | |
| | ntion was mailed to the above listed limited liability cated and the office discontinued on the 31st day after | | filed. |
| | Signature of Resigning Agent | 2019 87: | |
| If signing on behalf o | f an entity: | 19 | |
| | Cheyenne Moseley | <u>-1)</u> | |
| | Typed or Printed Name | | الد |
| | Asst. Secretary for United States Corporation Age | nts, Inc N | |

FILING FEES:

Capacity

\$ 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