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Certified Copies	Certificates of	of Status
Special Instructions to Fili	ng Officer:	
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SECRETARY OF STATE FALL SHASSEC FLOSIDA

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COVER LETTER

Dowbotton Madustina II C	
SUBJECT: Rowbottom Marketing LLC	
Name of Limited Liability	Company
DOCUMENT NUMBER: L19000125914	
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	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	
raresignations@legalzoom.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
800 at (773-0888 x395
Name of Person Area Code	Daytime Telephone Number

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provis	sions of section 605.0115. Florida Statutes, th	ne undersigned,			
United States Corporation Agents, Inc. Name of Registered Agent		hereby recian	, hereby resigns as		
		, nereov resign.			
Registered Agent for	Rowbottom Marketing LLC		-		_
	Name of Limited Liability Company		<u> </u>		·'
L19000125914					
Document	Number, if known				
A copy of this resign:	ation was mailed to the above listed limited li	ability company at its	last known a	ddress	; .
The agency is termina	ated and the office discontinued on the 31st d		nich this state	ement 20 JAN	is filed
If signing on behalf o	f an entity:		12 20 30 30	NAC	٠,٠٠
	Cheyenne Moseley		SSA	9-	
	Typed or Printed Name		(<u>)</u>	<u> </u>	m
	Asst. Secretary for United States Corpora	tion Agents, Inc.		=	
	Capacity		40 × 60 × 60 × 60 × 60 × 60 × 60 × 60 ×	AM II: 22	

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