L19 CCC 127-157

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(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
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COVER LETTER

SUBJECT: Draggin' the Line LLC	
Name of Limited Liability	Company
DOCUMENT NUMBER: L19000127187	
The enclosed Resignation of Registered Agent for a Limited for filing.	l Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	ne 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:	
800	773-0888
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

INHS17 (2/14)

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ns of section 605.0115. Florida Statutes, t	the undersigned,	
United States Corp	oration Agents, Inc.	hereby resigns as	
	Name of Registered Agent		
Registered Agent for D	raggin' the Line LLC		
	Name of Limited Liability Company		
L19000127187			
Document No	mber, if known		
A copy of this resignation	on was mailed to the above listed limited	liability company at its last known addr	ess.
The agency is terminate	d and the office discontinued on the 31st	day after the date on which this stateme	ent is filed.
	Signature of Resigning	g Agent	
If signing on behalf of a	n entity:		
	Cheyenne Moseley		
	Typed or Printed Name		7071 川
	Asst. Secretary for United States Corpor	ration Agents, Inc.	를 웹
	Capacity		
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		***	K June
	FILING FEES: \$ 85.00 Active limited lia \$ 25.00 Administratively withdrawn limite	ability company dissolved/ voluntarily dissolved/ ed liability company	ა 21 21

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