L19 000152373

| (Requestor's Name) |
|--|
| |
| (Address) |
| (Addiess) |
| |
| (Address) |
| |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| |
| (Document Number) |
| |
| Certified Copies Certificates of Status |
| |
| Special Instructions to Filing Officer: |
| Special instructions to Filling Officer. |
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COVER LETTER

| SUBJECT: Name of Limited Liability Company | |
|--|-------------------------|
| DOCUMENT NUMBER: L19000152373 | |
| The enclosed Resignation of Registered Agent for a Limited Liability Compantor filing. | y and fee are submitted |
| 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 | |
| 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: | |
| | |
| Name of Person at (| ie 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

TO: Registration Section Division of Corporations

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

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| United States Co | rnoration Agonts Inc | es, the undersigned, | 21 FEB -8 |
|---|--|---|---------------|
| | rporation Agents, Inc. | , hereby resigns as | • |
| | Name of Registered Agent | | |
| Registered Agent for | A&K Photography LLC | | |
| | | | . 6 |
| | Name of Limited Liability Comp | pany | · |
| L19000152373 | | | |
| Document | Number, if known | | |
| A copy of this resigna | ation was mailed to the above listed limit | ted liability company at its last kr | nown address. |
| The agency is termina | ated and the office discontinued on the 3 | 1st day after the date on which th | |
| | Signature of Resignature of Resignat | 1st day after the date on which th | |
| | Signature of Resig | 1st day after the date on which th | |
| The agency is termina If signing on behalf o | Signature of Resignature of Resignat | Ist day after the date on which the date on the date of the | |

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