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### **COVER LETTER**

Name of	Limited Liabilit	y Company	
DOCUMENT NUMBER: <u>L1900016159</u>	5		_
The enclosed Resignation of Registered Ag submitted for filing.	ent for a Limito	ed Liability Company and fee c	ıre
Please return all correspondence concerning	this matter to	the following:	
United States Corporation Agents, Inc.			
Name of Person		<del>-</del>	
Legalzoom.com, Inc.			
Name of Firm/Company	_	<del>-</del>	
101 North Brand Blvd. 11th Floor			
Address		_	
Glendale, CA 91203			
City/State and Zip Code		_	15
raresignations@legalzoom.com		_	- - -
E-mail address: (to be used for future annual re	eport notification)	_	·
For further information concerning this mat	ter, please call:		:
Kasandra Lund	at ( 1 800	) 773-0888 x3951	1
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 P.O. Box 6327 Tallahassee, FL 32314

#### STREET ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

TO:

Registration Section
Division of Corporations

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisi	ons of section 605.01	15. Florida Statutes, the undersigned,			
United States Corporation Agents, Inc.			ereby resigns as		
	Name of Registered Ag	<del></del>			
Registered Agent for_	MOWBLOWANDO	O LLC			,
	Name of Lin	nited Liability Company		<del></del>	<i>:</i>
L19000161595					
	lumber, if known	<del></del>			
The agency is terminate	an entity:	ntinued on the 31st day after the date on v	vhich this stateme	nt is fil	led.
	Cheyenne Mose			4	
		yped or Printed Name  United States Corporation Agents, Inc.		<b>ंड</b> ्र	
		Capacity		7.2 2.2	
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability company Administratively dissolved/ voluntar withdrawn limited liability compan		20 : H kg	J. Allin.

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