L19000 194767

Office Use Only



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2020 OCT 22 PH 4: 06 SECRETARY OF STATE

12/20

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Name of Limited Liability C	
Name of Limited Liability C	Company
DOCUMENT NUMBER: L19000194767	
The enclosed Resignation of Registered Agent for a Limited L for filing.	liability Company 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:	
Joyce Yi 800	773-0888 x7789
Joyce Yi Name of Person at (Area Code)	Daytime Telephone Number
Enclosed is a check made payable to the Florida Department cliability company or \$25.00 for an administratively dissolved, liability company.	of State for \$85.00 for an active limited voluntarily dissolved or withdrawn limite

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

FILED STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY 22 PH 4: 06

SECRETARY OF STATE TALLAHASSEE, FL

dersigned.
, hereby resigns as
ty company at its last known address.
fter the date on which this statement is filed.
nt .
Agents, Inc.
*

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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