# L19000203056

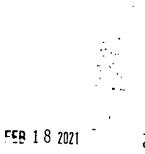
(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
<u></u>	1	
Special Instructions to Filing Officer:		

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S. YOUNG

### **COVER LETTER**

TO:	Registration Section Division of Corporations	
SUBJ	ECT:	
0000	Name of Limited Liability Company	
DOCU	JMENT NUMBER: L19000203056	
The enfor fili	closed Resignation of Registered Agent for a Limited Liability Company and fee are submitteng.	:d
Please	return all correspondence concerning this matter to the following:	
Unite	d States Corporation Agents. Inc.	
	Name of Person	
Legal	zoom.com, Inc.	
	Name of Firm/Company	
101 N	orth Brand Blvd. 11th Floor	
-	Address	
Glend	ale, CA 91203	
	City/State and Zip Code	
raresi	gnations@legalzoom.com	
E-	mail address: (to be used for future annual report notification)	
For fur	ther information concerning this matter, please call:	
	Name of Person at ( 800 ) 773-0888   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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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

Pursuant to the provisio	ons of section 605.0115, Florida Statutes, the unde	rsigned,
United States Corporation Agents, Inc.		•
		, hereby resigns as
Registered Agent for $\frac{D}{}$	AY WON LLC	
	Name of Limited Liability Company	· · · · · · · · · · · · · · · · · · ·
L19000203056		
Document No	imber, if known	
	d and the office discontinued on the 31st day after Signature of Resigning Agent	
f signing on behalf of a	n entity:	
	Cheyenne Moseley	
	Typed or Printed Name	<del></del>
	Asst. Secretary for United States Corporation Age	ents, Inc.
	Capacity	

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