119000 231 729

(Requestor's Name)						
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PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
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Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
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SECRETARY OF STATE
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COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJI	ECT: MiamiHappy.Com LLC	mited Liability	Company		
DOCU	JMENT NUMBER: L19000232729				
The enfor fili	closed Resignation of Registered Agent ng.	for a Limited	d Liability Company and fee are submitted		
Please	return all correspondence concerning th	is matter to t	he following:		
United	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	<u> </u>	-		
raresi	gnations@legalzoom.com				
E-	mail address: (to be used for future annual repor	t notification)	-		
For fur	ther information concerning this matter.	please call:			
Janna	Pantoja	800 τ (773-0888 x3950		
	Name of Person	Area Code	Daytime Telephone Number		
Enclos liability liability	ed is a check made payable to the Florid y company or \$25.00 for an administrati y company.	la Departmen vely dissolve	t of State for \$85.00 for an active limited d, voluntarily dissolved or withdrawn limited		
MAIL	ING ADDRESS:	STREI	ET ADDRESS:		
_	istration Section Registration Section				
DIVISIO	vision of Corporations Division of Corporations				

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

INHS17 (2/14)

P.O. Box 6327

Tallahassee, FL 32314

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisi	ons of section 605.011	Florida Statutes, the under	ersigned,		
United States Corp	poration Agents, Ir	nc.	, hereby resigns as	:	
	Name of Registered Age		i cheseoy resigns as	,	
Registered Agent for _	MiamiHappy.Com	LLC			
	Name of Lin	nited Liability Company			
L19000232729					
Document 8	Sumber, if known				
A copy of this resignat	ion was mailed to the	above listed limited liability	company at its last	t known add	iress.
The agency is terminat	ed and the office disco	Signature of Resigning Agent	er the date on which	ı this staten	nent is filed
If signing on behalf of	an entity:				
	Cheyenne Mose	eley		TAL SE	N
		Typed or Printed Name United States Corporation Ag	gents, Inc.	ORE IA	
		Capacity		0	ر الم
	FILING \$ 85.00 \$ 25.00	GFEES: Active limited liability c Administratively dissolv withdrawn limited liabil	ompany red/voluntarily 90 lity company	FLODEIDA solved/	Ö

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