L19000254093

(Requestor's Name)
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(City/State/Zip/Phone #)
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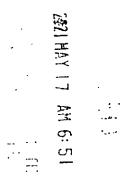


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COVER LETTER

Division of Corporations
SUBJECT: Name of Limited Liability Company
DOCUMENT NUMBER: L19000254093
DOCUMENT NUMBER:
The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.
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 (800) 773-0888 Area Code Daytime Telephone Number
Name of Ferson Area Code Daytime Ferephone 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

			221 KM
Pursuant to the provision	ons of section 605.0115, Florida Statutes, the under	signed,	
United States Corp	poration Agents, Inc.	. hereby resigns as	
Name of Registered Agent		, nereoy resigns as	_
Registered Agent for Pimell LLC			· 王 ·
			. v
	Name of Limited Liability Company		
L19000254093			
Document N	lumber, if known		
	ion was mailed to the above listed limited liability of and the office discontinued on the 31st day after	•	
	Signature of Resigning Agent		
If signing on behalf of	an entity:		
	Cheyenne Moseley		
	Typed or Printed Name		
	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