# 119000 265777

Office Use Only



700342775027

01/14/27--010.1--074 \*\*25.00

2020 APR 14 PH 2: 02

Y SUI KEP APR 2 7 2020

### **COVER LETTER**

| Name of Limited Liability  | Company                                  |
|--|--|
| OCUMENT NUMBER: L19000265777   |  |
| he enclosed Resignation of Registered Agent for a Limited or filing. | Liability Company and fee are submitted  |
| lease return all correspondence concerning this matter to the        | ne following:                            |
| Inited States Corporation Agents, Inc.                               |  |
| Name of Person   |  |
| egalzoom.com, Inc.   |  |
| Name of Firm/Company   | -  |
| 01 North Brand Blvd. 11th Floor                                      |  |
| Address  | -  |
| Glendale, CA 91203   |  |
| City/State and Zip Code  | -  |
| aresignations@legalzoom.com  |  |
| E-mail address: (to be used for future annual report notification)   | -  |
| or further information concerning this matter, please call:          |  |
| lanna Pantoja 800  | 773-0888 x3950  Daytime Telephone Number |
| Name of Person Area Code   | Daytime Telephone Number                 |

#### MAILING ADDRESS:

Registration Section Division of Corporations

TO:

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 provisions of section 6 | 605.0115, Florida Statutes, t                                      | he undersigned.                    |                               |
|---|--|------------------------------------|-------------------------------|
| United States Corporation Age           | ents, Inc.   | , hereby resigns as                |                               |
| Name of Registe                         | ered Agent   |                                    |                               |
| Registered Agent for                    | ell Consulting LLC   |                                    |                               |
| Nan                                     | ne of Limited Liability Company                                    |                                    | ·                             |
| L19000265777                            |  |                                    |                               |
| Document Number, if known               |  |                                    |                               |
| A copy of this resignation was mailed   | I to the above listed limited                                      | liability company at its last know | m address.                    |
| The agency is terminated and the office | ce discontinued on the 31st  |                                    | statement is filed.  7020 APR |
| If signing on behalf of an entity:      |  |                                    | E P TO                        |
| Cheyenne                                | e Moseley  | :<br>نې                            |                               |
| Asst. Secret                            | Typed or Printed Name<br>tary for United States Corpor<br>Capacity | ration Agents, Inc.                | - ED<br>PH 2: 02              |

**FILING FEES:** \$ 85.00 Activ \$ 25.00 Admi Active limited liability company
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

. . . .