L19000 271380

(Req	uestor's Name)	
(Add	lress)	
(Add	lress)	
(City	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nar	ne)
(Doc	ument Number)	-
Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	
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COVER LETTER

TO: Registration Section
Division of Corporations

WE'RE NOT FINISHED YET LLC

SUBJECT:	
Name of Limited Liability	Company
DOCUMENT NUMBER: L19000271380	
The enclosed Resignation of Registered Agent for a Limited for filing.	I Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	he 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
Name of Person Area Code	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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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	ns of section 605.011	5. Florida Statutes, the unde	rsigned.			
Name of Registered Agent		_ , hereby resigns as				
						Registered Agent for
						_·
	Name of Lin	nited Liability Company				
L19000271380						
Document No	imber, if known					
A copy of this resignation	on was mailed to the	above listed fimited liability	company at its last	t known ac	ddress.	
The agency is terminate	d and the office disco	ontinued on the 31st day after	r the date on which	i this state	ment i	s filed.
		Signature of Resigning Agent				
If signing on behalf of a	n entity:				2020 SEP 28	
	Cheyenne Mose	eley			i.e.	#112 #11 1
	-	yped or Printed Name		¥50	28	To The State of th
	Asst. Secretary for United States Corporation Age		ents, Inc.	SSE	P	
		Capacity		$[n]_{\mathcal{L}_{i}}$	22	
				FEE	PM 12: 45	
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability co Administratively dissolve withdrawn limited liabili	ompany ed/voluntarily dis- ty-company	solved/		

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