# L19000271444

(Requestor's Name)			
(Address)			
(, (34,633)			
(Address)			
(City/State/Zip/Phone #)			
(0.1)/0.10.02 [p. 1.1.10 1./			
PICK-UP WAIT MAIL			
(Business Entity Name)			
,			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

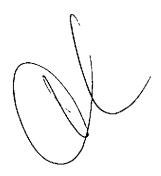




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#### **COVER LETTER**

New Moon Sanctuary LLC Name of Limited Liability Company DOCUMENT NUMBER: L19000271444 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 9900 Spectrum Dr. Address Austin, TX 78717 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:

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

Name of Person

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

TO:

Registration Section Division of Corporations

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

Pursuant to the provision	ns of section 605.0115, Florida Statutes, the under	signed.
United States Corporation Agents, Inc.		hereby resigns as
	Name of Registered Agent	nerooy reargina da
Registered Agent for N	lew Moon Sanctuary LLC	
	Name of Limited Liability Company	,
L19000271444		
Document N	umber, if known	
_	on was mailed to the above listed limited liability or and the office discontinued on the 31st day after	23
	Signature of Resigning Agent	T31 AM
If signing on behalf of a	in entity:	9: 56 E.F.
	Cheyenne Moseley	' ≓ <b>o</b>
	Typed or Printed Name	
	Asst. Secretary for United States Corporation Age	nts, 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