119000245193

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	MAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Fi	ling Officer:			

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COVER LETTER

SUBJECT: Impulsus Technology LLC					
Name of Limited Liability Company					
DOCUMENT NUMBER: L19000295193					
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee are submitted				
Please return all correspondence concerning this matter to th	e 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:					
at (773-0888				
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

INHS17 (2/14)

TO:

Registration Section Division of Corporations

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisi	ions of section 605.011	5, Florida Statutes, the unders	igned,	
United States Corporation Agents, Inc.		hereby resigns as		
	Name of Registered Age	nt	icreby resigns as	
Registered Agent for _	Impulsus Technolo	gy LLC		
	Name of Lin	rited Liability Company		,
L19000295193				
Document?	Number, if known			
	ted and the office disco	nbove listed limited liability continued on the 31st day after the signature of Resigning Agent		
Cheyenne Moseley			- ?	
Typed or Printed Name Asst. Secretary for United States Corporation Agents, Inc.				
Capacity			-	
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability com Administratively dissolved, withdrawn limited liability	ipany / voluntarily dissolved/ company	

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