L19000 302895

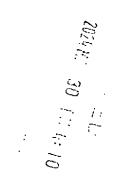
(Requestor's Name)		
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(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
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Certified Copies Certificates of Status		
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Special Instructions to Filing Officer.		
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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Live Love Paradise LLC	
Name of Limited Liabilit	y Company
DOCUMENT NUMBER: L19000302895	
The enclosed Resignation of Registered Agent for a Limited for filing.	d Liability Company and fee are submitted
Please return all correspondence concerning this matter to t	he 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:	
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

STATEMENT OF RESIGNATION OF REGISTERED AGENT 30 Process of the second se

Pursuant to the provisi-	ons of section 605.0115, Florida Statutes, the und	dersigned.
United States Corporation Agents, Inc. Name of Registered Agent		, hereby resigns as
	Name of Limited Liability Company	
L19000302895		
Document N	lumber, if known	
	on was mailed to the above listed limited liability and the office discontinued on the 31st day after	
	Signature of Resigning Agent	—————
If signing on behalf of a	nn entity:	
	Cheyenne Moseley	
	Typed or Printed Name	
	Asst. Secretary for United States Corporation Ag	gents, 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