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COVER LETTER

Malle Lav	ro Play I I C		
SUBJECT: Walk Lov	e riay LLC	er issiesatt iskiliää	Company
	Name of Name o	Rimilled Liability	Company
DOCUMENT NUMI			
The enclosed Resignat for filing.	ion of Registered Ag	ent for a Limited	Liability Company and fee are submitted
Please return all corres	spondence concerning	g this matter to th	e following:
United States Corpo	oration Agents, Inc.		
	Name of Person		
Legalzoom.com, Inc	> .		
Nar	ne of Firm/Company	-	
101 North Brand Blv	vd. 11th Floor		
	Address		
Glendale, CA 91203	3		
City	/State and Zip Code	, <u>, , , , , , , , , , , , , , , , , , </u>	
raresignations@leg	alzoom.com		
E-mail address; (to b	e used for future annual r	eport notification)	
For further informatio	n concerning this ma	tter. please call:	
		800	773-0888 Daytime Telephone Number
Name	of Person	Area Code	Daytime Telephone Number
Enclosed is a check m liability company or \$ liability company.	ade payable to the Fl 25.00 for an adminis	orida Department tratively dissolve	of State for \$85.00 for an active limited d, voluntarily dissolved or withdrawn limit

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

	ions of section 605.0115, Florida Statutes, the unc	_	
United States Corporation Agents, Inc.		, hereby resigns as	٠
	Name of Registered Agent		
Registered Agent for Walk Love Play LLC			121 HA A 15
			<u></u>
	Name of Limited Liability Company		====
L20000042258			, 7: 04
Document	Number, if known		
A copy of this resigna	ation was mailed to the above listed limited liabili-	ty company actis tast know	vii addiess.
	ted and the office discontinued on the 31st day at a signature of Resigning Agen		statement is filed.
The agency is termina If signing on behalf o	Aignature of Resigning Agen		statement is filed.
	Aignature of Resigning Agen	(statement is filed.

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