1200000 45903

(Requestor's	Name)
(Address)	
(Address)	
(City/State/Zi	p/Phone #)
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SECRETARY OF STATE-TALLAHASSEE, FL

COVER LETTER

TO: Registration Section Division of Corporations	
Division of Corporations	
SUBJECT:	
Name of Limited Liability Company	
DOCUMENT NUMBER: L20000045903	
The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are subfor filing.	mitted
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:	
, 800 773-0888	
Name of Person at () 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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)

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY In Programme 1

SECRETARY OF STATE TALLAHASSEE, FL

Pursuant to the provisions of section 605.0115, Flor	rida Statutes, the undersigned,
United States Corporation Agents, Inc.	, hereby resigns as
Name of Registered Agent	, nereby resigns as
Registered Agent for Mailbox Money Retail, L	LC
Name of Limited Lia	ibility Company
L20000045903	
Document Number, if known	
A copy of this resignation was mailed to the above l	isted limited liability company at its last known address.
The agency is terminated and the office discontinued	d on the 31st day after the date on which this statement is filed.
Signat	dure of Resigning Agent
If signing on behalf of an entity:	
Cheyenne Moseley	
Typed or	Printed Name
Asst. Secretary for United S	States Corporation Agents, Inc.
Сара	ncity

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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