L20000053242

(Demonstrate Name)			
(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
, , , , , ,			
PICK-UP WAIT MAIL			
(Business Entity Name)			
, ,			
(Document Number)			
(Cocument Number)			
Certified Copies Certificates of Status	_		
Special Instructions to Filing Officer:			
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Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations	e ·
SUBJECT: Wish to Wish LLC Name of Limited Liability	Company
DOCUMENT NUMBER: L20000053242	
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 the	e 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 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited

MAILING ADDRESS:

liability company.

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

نتئ

Pursuant to the provision	ons of section 605.0115. Florida Statutes, the unde	rsigned.	OG TO
United States Corporation Agents, Inc.		, hereby resigns as	
	Name of Registered Agent	, meree, reorgine de	<i></i>
Registered Agent for	Vish to Wish LLC	 	 ;
	Name of Limited Liability Company		5
	Name of planted blacking company		
L20000053242			
Document N	lumber, if known		
	ion was mailed to the above listed limited liability		
The agency is terminate	ed and the office discontinued on the 31st day afte	r the date on which t	his statement is filed.
If signing on behalf of	an entity:		
	Cheyenne Moseley		
	Typed or Printed Name		
	Asst. Secretary for United States Corporation Ag	jents, 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