# 120000066342

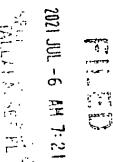
(Re	equestor's Name)				
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(Cit	ty/State/Zip/Phone #	<del>‡</del> )			
PICK-UP	☐ WAIT	MAIL			
(Bu	isiness Entity Name	<del> </del>			
<b>\</b>		,			
(Do	cument Number)	<del></del>			
Certified Copies	Certified Copies Certificates of Status				
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Special Instructions to	Filing Officer:	1			
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Office Use Only



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### **COVER LETTER**

TO:	Registration Section Division of Corporations
	ECT:  Name of Limited Liability Company
DOC	JMENT NUMBER: L20000066342
The er for fili	nclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted ng.
Please	return all correspondence concerning this matter to the following:
Unite	d States Corporation Agents, Inc.
	Name of Person
Legal	zoom.com, Inc.
	Name of Firm/Company
9900	Spectrum Dr.
	Address
Austir	n, TX 78717
	City/State and Zip Code
raresi	gnations@legalzoom.com
E-	mail address: (to be used for future annual report notification)
For fur	ther information concerning this matter, please call:
	, 800 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	Name of Person at (800 773-0888  Area Code Daytime Telephone Number
Enclos liabilit liabilit	ed is a check made payable to the Florida Department of State for \$85.00 for an active limited y company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited y company.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 FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ons of section 605.0115, Florida Statutes, the unde	rsigned,			
United States Corporation Agents, Inc. , hereby resign					
Registered Agent for _	SSD Concepts LLC				_
	Name of Limited Liability Company				_·
	Name of Limited Claomity Company				
L20000066342					
Document N	lumber, if known				
A copy of this resignat	ion was mailed to the above listed limited liability	company at its last	known	address	i.
The agency is terminat	ed and the office discontinued on the 31st day after	r the date on which	this sta	tement	is filed.
	Signature of Resigning Agent				
If signing on behalf of	an entity:		***	202	
Cheyenne Moseley			4	7021 JUL	1-3.22 es
	Typed or Printed Name		_	<u> </u>	λ <del>μ</del>
	Asst. Secretary for United States Corporation Ag	ents, Inc.	. *	9,	
	Capacity	<del></del>	•		
				7:21	. ,-
	\$85.00 Active limited liability of Administratively dissolve withdrawn limited liability	ompany ed/ voluntarily diss ity company	iolved/	_	

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