L20 0000 68974

(Req	uestor's Name)	
(Addi	ress)	
(Addi	ress)	
(City/	State/Zip/Phone #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Name)	,
(Docu	ument Number)	
Certified Copies	Certificates of	Status
Special Instructions to Fi	ling Officer:	

Office Use Only



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2021 MAY -3 PM 12: 28

COVER LETTER

D : D 0: 1 1 0	
SUBJECT:	
Name of Limited Liability	Company
DOCUMENT NUMBER: L20000068974	
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	ne following:
United States Corporation Agents, Inc.	
Name of Person	
Legalzoom.com, Inc.	
Name of Firm/Company	
101 North Brand Blvd. 11th Floor	
Address	
Glendale, CA 91203	
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 Daytime Telephone Number
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

TO:

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 605.01	15, Florida Statutes, the unde	ersigned,			
United States Corporation Agents, Inc.		, hereby resigns as				
Name of Registered Agent			nereby resigns as	Š		
Registered Agent for	esigns By Cindy	LLC				
					_	_
	Name of Li	mited Liability Company				_,
L20000068974						
Document No	ımber, if known					
A copy of this resignation	on was mailed to the	above listed limited liability	company at its lass	t known :	address	i.
The agency is terminate	d and the office disci	entinued on the 31st day after a second seco	r the date on which	this stat	ement	is filed
lf signing on behalf of a	n entity:			<u> </u>	2021	
	Cheyenne Mose	eley		201	2021 MAY	•-
		Typed or Printed Name		ASS	7-3	,
	Asst. Secretary for I	United States Corporation Ag	ents, Inc.	Egg.		
		Capacity		E STATE FLORIDA	PH I2: 28	The second
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability co Administratively dissolve withdrawn limited liabili	ed/ voluntarily diss	olved/		

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