(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status		
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status		
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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Baron Customs LLC			
Name of Limi	ted Liability	Company	
DOCUMENT NUMBER: L20000072228			
The enclosed Resignation of Registered Agent for filing.	or a Limited	Liability Company and fee are submitted	
Please return all correspondence concerning this	matter to th	e 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 in	iotification)		
For further information concerning this matter, p	lease call:		
Jazmine Johnson at (800	773-0888 x5122	
Name of Person	Area Code	Daytime Telephone Number	
Enclosed is a check made payable to the Florida liability company or \$25.00 for an administrative liability company.	Department ely dissolved	of State for \$85.00 for an active limited d. voluntarily dissolved or withdrawn limited	
MAILING ADDRESS:	STREF	T ADDRESS:	
Registration Section	Registration Section		
Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building		
FROM BOAR ODER	CHROIL	DOUGHE	

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisi	ons of section 605.0115, Florida Statutes, the unde	ersigned,
United States Cor	poration Agents, Inc.	, hereby resigns as
	Name of Registered Agent	
Registered Agent for	Baron Customs LLC	
	Name of Limited Liability Company	
L20000072228		
Document l	Number, if known	
A copy of this resignat	tion was mailed to the above listed limited liability	company at its last known address.
The agency is termina	ted and the office discontinued on the 31st day after	er the date on which this statement is filed.
	Signature of Resigning Agent	
If signing on behalf of	an entity:	
	Cheyenne Moseley	
	Typed or Printed Name	
	Asst. Secretary for United States Corporation Ag	gents, Inc.
	Capacity	······································

Active limited liability company
Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

ARY OF THE STANDARD STANDA Make checks payable to Florida Department of State and mail to: **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

FILING FEES:

\$ 85.00 \$ 25.00