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COVER LETTER

TO: Registration Section Division of Corporations	•
SUBJECT: MyKidQuiz LLC Name of Limited Liability	Company
DOCUMENT NUMBER: L20000083778	
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	•
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 Daytime Telephone Number
Name of Person Area Code	Daytime Telephone Number
Enclosed is a check made payable to the Florida Departmen liability company or \$25.00 for an administratively dissolve liability company.	at of State for \$85.00 for an active limited ed, voluntarily dissolved or withdrawn limited

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 unders	gned,	
United States Corp	poration Agents, Inc.	ereby resigns as	
	Name of Registered Agent	creo, reargina da	
Registered Agent for M	/lyKidQuiz LLC		
		202 SE :i	
	Name of Limited Liability Company	SECRCI TALL	,={ }
L20000083778		TARY	· [-
Document N	umber, if known	の	
A copy of this resignation	on was mailed to the above listed limited liability co	mpany at its last known address.	` -
The agency is terminate	ed and the office discontinued on the 31st day after t	ne date on which this statement is	filed.
	Signature of Resigning Agent		
If signing on behalf of a	nn entity:		
	Cheyenne Moseley		
	Typed or Printed Name	 -	
	Asst. Secretary for United States Corporation Ager	ts, 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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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