# LZO 000 11Z 770

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
,				
(Document Number)				
,				
Certified Copies Certificates of Status				
<b></b>				
Special Instructions to Filing Officer:				
<u> </u>				

Office Use Only

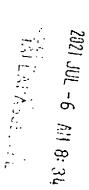


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### **COVER LETTER**

Name of Limited Liabilit	y Company
DOCUMENT NUMBER: L20000112770	
The enclosed Resignation of Registered Agent for a Limite for filing.	d Liability Company and fee are submitted
Please return all correspondence concerning this matter to	the 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
Name of Person Area Cod	773-0888  Daytime Telephone Number

#### MAILING ADDRESS:

TO: Registration Section Division of Corporations

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 provisio	ns of section 605.0115, Florida St	atutes, the undersigned,	
United States Corp	oration Agents, Inc.	, hereby resigns a	S
	Name of Registered Agent		
Registered Agent for S	oul Connection Psychics - (	Coaching & Consults LLC	
	Name of Limited Liability	Company	·
L20000112770			
Document N	umber, if known		
A copy of this resignati	on was mailed to the above listed	limited liability company at its las	t known address.
The agency is terminate	ed and the office discontinued on the signature of	he 31st day after the date on whic	h this statement is filed.
If signing on behalf of a	in entity:		
	Cheyenne Moseley		
	Typed or Printe	l Name	
	Asst. Secretary for United State:	Corporation Agents, Inc.	
	Capacity		

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 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company