# 12000114154

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)	_				
(Document Number)					
Certified Copies Certificates of Status	_				
Special Instructions to Filing Officer:					
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### **COVER LETTER**

SUBJECT: One Agenda LLC Name of Limited Liability Company DOCUMENT NUMBER: L20000114154 The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing. 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: )\_\_\_\_\_\_ Daytime Telephone Number Name of Person

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provisio	ns of section 605.0115, Florida	Statutes, the undersigned,	
United States Corp	oration Agents, Inc.	, hereby r	esigns as
-	Name of Registered Agent	•	•
Registered Agent for O	ne Agenda LLC		
	Name of Limited Liability	y Company	·
L20000114154			
Document Nu	imber, if known		
A copy of this resignation	on was mailed to the above liste	d limited liability company	at its last known address.
The agency is terminate	d and the office discontinued o	n the 31st day after the date	on which this statement is filed.
	Signature	of Resigning Agent	-
If signing on behalf of a	n entity:		
	Cheyenne Moseley		
	Typed or Pri	nted Name	<del>-</del>
	Asst. Secretary for United Sta	tes Corporation Agents, Inc.	_
	Capacity	;	

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

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Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

FILING FEES:

\$ 85.00 \$ 25.00

Tallahassee, FL 32314