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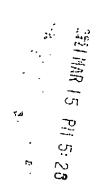
(Requestor's Name)
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT:	
Name of Limited Liability Company	
DOCUMENT NUMBER: L20000116522	
The enclosed Resignation of Registered Agent for a Limited Liability C for filing.	ompany 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	
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:	
Name of Person Area Code Daytime T	eléphone 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 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 provis	ions of section 605.011;	5, Florida Statutes, the c	mdersigned,	SET HIR 15
	rporation Agents, In		-	150 m
	Name of Registered Ager		, hereby resigns as	G
Registered Agent for	SyneVec LLC			Pil
2				. 2
	Name of Lim	ited Liability Company		
L20000116522				
L20000110322				
Document	Number, if known			
Document A copy of this resign:	ition was mailed to the a		ility company at its last k after the date on which th	
Document A copy of this resigna The agency is termina	ation was mailed to the a	ntinued on the 31st day	after the date on which the	
Document A copy of this resigna The agency is termina	ation was mailed to the a	ntinued on the 31st day Signature of Resigning Ag	after the date on which the	
Document A copy of this resigna The agency is termina	ition was mailed to the a need and the office discontinued	ntinued on the 31st day Signature of Resigning Ag	after the date on which the	
Document A copy of this resigna	tion was mailed to the a need and the office discontinued	ntinued on the 31st day Signature of Resigning Ag	after the date on which the	

Make checks payable to Florida Department of State and mail to:

FILING FEES:
\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314