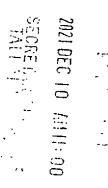
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12/10/21--01014--019 \*\*25.00



### **COVER LETTER**

Name of Limited Liability	Company
DOCUMENT NUMBER: L20000158132	
The enclosed Resignation of Registered Agent for a Limited for filing.	l 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

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

TO: Régistration 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 provis	ions of section 605.0115, Florida Statutes, the unde	rsigned.
Name of Registered Agent		, hereby resigns as
		Control of the second of the s
Registered Agent for	The Impact Society LLC	<del></del>
	Name of Limited Liability Company	
L20000158132		
Document	Number, if known	
A copy of this resigna	tion was mailed to the above listed limited liability	company at its last known address.
The agency is termina	sted and the office discontinued on the 31st day after Signature of Resigning Agent	
If signing on behalf o	fan entity:	202 SEG TA
Cheyenne Moseley		
	Typed or Printed Name Asst. Secretary for United States Corporation Ag	2021 DEC 10 SECRETARIO
	Capacity	7
	FILING FEES: \$ 85.00 Active limited liability c \$ 25.00 Administratively dissolv withdrawn limited liabil	ompany ed/ voluntarily dissolved/

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314