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SECRETARY OF STATE
TALLAHASSEE

### **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Clean Med LLC  Name of Limited Liability	Company
DOCUMENT NUMBER: L20000163709	Company
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:	
at ( 800at ( Area Code	773-0888
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.	t of State for \$85.00 for an active limited d, voluntarily dissolved or withdrawn limited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 provis	sions of section 605.0115, Florida Statutes, the unders	signed,
United States Corporation Agents, Inc. , hereby res		herahy recione us
		nercoy resigns as
Registered Agent for	Clean Med LLC	· · · · · · · · · · · · · · · · · · ·
	Name of Limited Liability Company	
L20000163709		
Document	Number, if known	
	ation was mailed to the above listed limited liability of	
The agency is termina	sted and the office discontinued on the 31st day after	SECRETARY
If signing on behalf of an entity:		AAA E I
Cheyenne Moseley		ω <sub>2</sub> ×
	Typed or Printed Name	
	Asst. Secretary for United States Corporation Age	nts, Inc.
	Capacity	

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\$25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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