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PICK-UP	☐ WAIT	MAIL		
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Certified Copies	Certificates of	f Status		
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Special Instructions to Filing Officer:				
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! ALBRITTON

### **COVER LETTER**

Division of Corporations	
SUBJECT: Name of Limited Liability	Company
DOCUMENT NUMBER: L20000174590	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	e 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:	
Name of Person at ( Area Code	773-0888 Daytime Telephone Number
Name of reison Area Code	Daytime Telephone 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

TO: Registration Section

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

INHS17 (2/14)

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of secti-	on 605.0115, Florida Statutes	s, the undersigned.	
United States Corporation A	Agents, Inc.	, hereby resigns as	
Name of Re	egistered Agent	, nereby resigns as	
Registered Agent for Snackzies	S LLC		ELS.
	Name of Limited Liability Compa	iny	P.
L20000174590			<i>6</i> : 0.
Document Number, if kno	wn		
A copy of this resignation was ma	iled to the above listed limite	ed liability company at its last kno	own address.
The agency is terminated and the c	office discontinued on the 31s	st day after the date on which this	s statement is filed.
	Signature of Resign	ning Agent	
If signing on behalf of an entity:			
Cheyer	nne Moseley		
	Typed or Printed Name	:	
Asst. Sec	cretary for United States Corp	oration Agents, Inc.	
	Capacity		

FILING FEES:
\$ 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