L20 000 182094

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone #	7)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Name	
(Document Number)		
Certified Copies	_ Certificates o	f Status
Special Instructions to Filing Officer:		

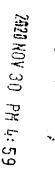




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**N 12 2021 S. YOUNG



COVER LETTER

то:	Registration Section Division of Corporations
SUBJ	
	Name of Limited Liability Company
DOC	JMENT NUMBER: L20000182094
The er for fili	iclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted ng.
Please	return all correspondence concerning this matter to the following:
Unite	d States Corporation Agents, Inc.
	Name of Person
Legal	zoom.com, Inc.
_	Name of Firm/Company
101 N	lorth Brand Blvd. 11th Floor
	Address
Glend	ale, CA 91203
	City/State and Zip Code
raresi	gnations@legalzoom.com
E-	mail address: (to be used for future annual report notification)
For fur	ther information concerning this matter, please call:
	Name of Person at (800 773-0888 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

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 provis	sions of section 605.0115, Florida Statutes, the unders	gned,	
United States Co	rporation Agents, Inc.	tarahu rasiana as	
	Name of Registered Agent	nereby resigns as	
Registered Agent for	Old Faster Translate LLC		
	Name of Limited Liability Company	·	
L20000182094			
Document	Number, if known		
	ation was mailed to the above listed limited liability co		
The agency is terming	ated and the office discontinued on the 31st day after the Signature of Resigning Agent	he date on which this statement is file	ed.
If signing on behalf or	f an entity:		
	Cheyenne Moseley	30	
	Typed or Printed Name	. 2	. 12-
	Asst. Secretary for United States Corporation Agen	ts, Inc.	`
	Capacity	59	

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