L20000 220529

| (Requestor's Name) |
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| (Address) |
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| (Address) |
| (Addless) |
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| (City/State/Zip/Phone #) |
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| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
| (Business Entity Name) |
| |
| (Document Number) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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COVER LETTER

SUBJECT: Brute Force Logic LLC Name of Limited Liability Company DOCUMENT NUMBER: L20000220529 The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing. 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 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:

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Name of Person

Registration 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 provisions of section 605.0115, Florida Statutes, the unc | dersigned, |
|----------------------------------------------------------------------------|------------------------------------------------|
| United States Corporation Agents, Inc. | on Agents, Inc hereby resigns as |
| Name of Registered Agent | Hereby resigns as |
| Registered Agent for Brute Force Logic LLC | |
| Name of Limited Liability Company | |
| L20000220529 | |
| Document Number, if known | |
| A copy of this resignation was mailed to the above listed limited liabilit | y company at its last known address. |
| The agency is terminated and the office discontinued on the 31st day aff | ter the date on which this statement is filed. |
| Crik Trautlain Signature of Resigning Agent | 20 |
| Signature of Resigning Agent | 19 F |
| If signing on behalf of an entity: | |
| Erik Treutlein | 2054 FUD THE F |
| Typed or Printed Name | mer. |
| Vice President on behalf of United States Corporation | Agents, Inc. |
| Capacity | 27 |

FILING FEES:

\$ 85.00 Active limited liability company
\$ 25.00 Administratively 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