L20000243314

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
<u> </u>		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: OLEA COLLECTION LLC Name of Limited Liabilit	
	y Company
DOCUMENT NUMBER: L20000243314	
The enclosed Resignation of Registered Agent for a Limite for filing.	d Liability Company and fee are submitted
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	_
101 North Brand Blvd. 11th Floor	
Äddress	_
Glendale, CA 91203	
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 Daytime Telephone Number
Name of Person at (Area Code	Daytime Telephone Number
Enclosed is a check made payable to the Florida Department liability company or \$25.00 for an administratively dissolve liability company.	nt of State for \$85.00 for an active limited ed. voluntarily dissolved or withdrawn limit

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 provision	ons of section 605.0115. Florida Statutes, the undersi	gned.	
United States Corporation Agents, Inc.		. hereby resigns as	
	Name of Registered Agent	iereo, reorgia do	
Registered Agent for	DLEA COLLECTION LLC		
		Pub.	
Name of Limited Liability Company			
L20000243314		 თ	
Document Number, if known		<u></u>	
170coment i	MIRCAL, D. KINOMA	<u>ئ</u> -	
A copy of this resignati	ion was mailed to the above listed limited liability co		
The agency is terminate	ed and the office discontinued on the 31st day after the Signature of Resigning Agent	he date on which this statement is fil-	
If signing on behalf of a	an entity:		
	Cheyenne Moseley		
	Typed or Printed Name		
	Asst. Secretary for United States Corporation Agen	its, 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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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