<i>x</i> .		
L20	00	0255401
(Requestor's Name (Address))	
(Address) (City/State/Zip/Pho	ne #)	500395091175
PICK-UP WAIT	MAIL	
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Special Instructions to Filing Officer:		22 OCT 13 AM 5: 02
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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Bnches	
	Name of Limited Liability Company
DOCUMENT NUMBER	L20000255401

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.

Nam	e of Person			
Legalzoom.com, Inc.				
Name of	Firm/Company		22	<u>-</u> .
9900 Spectrum Dr.			2 OCT 13	-
A	Address		ω	91
Austin, TX 78717			٩N	
City/Stat	e and Zip Code		င္မ်ာ	
raresignations@legalzo	om.com		02	
E-mail address: (to be used	for future annual report notification)			
For further information cor	cerning this matter, please call:			
	800 at (773-0888		
Name of Per	son Area Code	Daytime Telephone Number		
Enclosed is a check made p liability company or \$25.00 liability company.	avable to the Florida Department for an administratively dissolved	of State for \$85.00 for an active lin l, voluntarily dissolved or withdraw	nited n lim	ited
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registra Divisior Clifton 2661 Ex	T ADDRESS: tion Section of Corporations Building ecutive Center Circle ssee, FL 32301		
INHS17 (2/14)				

. . . .

, hereby resigns as

Pursuant to the provisions of section 605.0115. Florida Statutes, the undersigned,

United States Corporation Agents, Inc.

Name of Registered Agent

Registered Agent for _____Bnches LLC

Name of Limited Liability Company

L20000255401

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

22 OCT 13 AH 5: 02 WITH THE SOUTH THE ignature of Resigning Agent If signing on behalf of an entity: Cheyenne Moseley Typed or Printed Name Asst. Secretary for United States Corporation 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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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

INHS17 (2/14)