120000258298

(Requestor's Name)
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SUBJECT: Marcellon Ventures LLC Name of Limited Liability	Company
DOCUMENT NUMBER: L20000258298	Company
DOCUMENT NUMBER: E2000200200	
The enclosed Resignation of Registered Agent for a Limited for filing.	3 Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	ne 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:	
at (773-0888
Name of Person 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 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 provis	sions of section 605.0115	5, Florida Statutes, the unders	igned.
United States Corporation Agents, Inc.		, hereby resigns as	
	Name of Registered Ager		
Registered Agent for	Marcellon Ventures	LLC	
	Name of Lim	ited Liability Company	 -
L20000258298			
Document	Number, if known		
A copy of this resigna	ntion was mailed to the a	bove listed limited liability co	ompany at its last known address.
The agency is terminate	ated and the office disco	ntinued on the 31st day after t	the date on which this statement is filed.
		Signature of Resigning Agent	
If signing on behalf o	f an entity:		
Cheyenne Moseley			nts, Inc.
Typed or Printed Name		一一	
	Asst. Secretary for L	Inited States Corporation Age	nts, Inc.
	-	Capacity	
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability cor Administratively dissolved	mpany Ny voluntarily dissolved/

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

withdrawn limited liability company