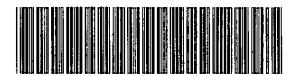
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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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RARES

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COVER LETTER

SUBJECT: Name of Limited Liability	/ Company
DOCUMENT NUMBER: L20000260532	
The enclosed Resignation of Registered Agent for a Limited for filing.	d Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	he 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:	
800 at (773-0888

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

	5, Florida Statutes, the unde	sisigned.			
Name of Registered Agent					
			. Hereby reliights dis		
JS Combat Vetera	ins LLC				
				,	
Name of Lin	nited Liability Company				
umber, if known					
on was mailed to the	above listed limited liability	company at its last	known ad	dress.	
ed and the office disco	ontinued on the 31st day after	er the date on which	this stater	nent is	filed.
	Signature of Resigning Agent				
nn entity:					
Cheyenne Mose	eley			20	
	'yped or Printed Name		TAL	22 F	
Asst. Secretary for I	United States Corporation Ag	gents, Inc.	i	8	77
	Capacity		H S	22	
<u>FILING</u> \$ 85.00	FEES: Active limited liability c	ompany	OF STATE SSEE, FL	PM 2: 55	
	Name of Registered Age IS Combat Vetera Name of Lin Name of Lin umber, if known on was mailed to the act and the office discount of the second of the se	Name of Registered Agent IS Combat Veterans LLC Name of Limited Liability Company umber, if known on was mailed to the above listed limited liability ed and the office discontinued on the 31st day after Signature of Resigning Agent an entity: Cheyenne Moseley Typed or Printed Name Asst. Secretary for United States Corporation Agent Capacity FILING FEES:	Name of Registered Agent IS Combat Veterans LLC Name of Limited Liability Company umber, if known on was mailed to the above listed limited liability company at its last and the office discontinued on the 31st day after the date on which Signature of Resigning Agent an entity: Cheyenne Moseley Typed or Printed Name Asst. Secretary for United States Corporation Agents, Inc. Capacity FILING FEES:	Name of Registered Agent IS Combat Veterans LLC Name of Limited Liability Company umber, if known on was mailed to the above listed limited liability company at its last known added and the office discontinued on the 31st day after the date on which this states are entity: Cheyenne Moseley Typed or Printed Name Asst. Secretary for United States Corporation Agents, Inc. Capacity FILING FEES:	Name of Registered Agent IS Combat Veterans LLC Name of Limited Liability Company umber, if known on was mailed to the above listed limited liability company at its last known address. and and the office discontinued on the 31st day after the date on which this statement is Signature of Resigning Agent an entity: Cheyenne Moseley Typed or Printed Name Asst. Secretary for United States Corporation Agents, Inc. Capacity PARTY OF THE BRITARY O

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