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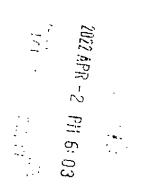
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PICK-UP	☐ WAIT	MAIL	
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Special Instructions to	Filing Officer:		
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COVER LETTER

SUBJECT: au.fairygoddess LLC	
Name of Limited L	iability Company
DOCUMENT NUMBER: L20000305079	
The enclosed Resignation of Registered Agent for a l for filing.	imited Liability Company and fee are submitted
Please return all correspondence concerning this matt	ter to the following:
United States Corporation Agents, Inc.	
Name of Person	 -
Legalzoom.com, Inc.	
Name of Firm/Company	
101 North Brand Blvd. 11th Floor	
Address	
Glendale, CA 91203	
City/State and Zip Code	
raresignations@legalzoom.com	
E-mail address: (to be used for tuture annual report notific	ation)
For further information concerning this matter, please	e call:
Name of Person Are	a 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Ft. 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 St	atutes, the undersigned.		
United States Corporation Agents, Inc.	, hereby resigns as	ر ب	
Name of Registered Agent	Hereby resigns as	922	
Registered Agent for au.fairygoddess LLC		2022 APR - 2	-
Name of Limited Liability Company		- PI	, •
L20000305079		PN 6: 03	~.
Document Number, if known		<u>.</u> w	
The agency is terminated and the office discontinued on the second secon	he 31st day after the date on which the Resigning Agent	is statement is fi	led.
If signing on behalf of an entity:			
Cheyenne Moseley			
Typed or Printed Asst. Secretary for United States			
Capacity			

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

FILING FEES:

\$ 85 00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company