L20000332161

(Requestor's Name)				
(Áddress)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Serimones of Claus				
Special Instructions to Filing Officer:				

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COVER LETTER

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bility Company and fee are submitted
llowing:
3-0888 ytime 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provisions	of section 605.0115, Florida Statutes, the unde	rsigned.	
United States Corpor	ation Agents, Inc		
Name of Registered Agent . hereby i		. hereby resigns as	
Registered Agent for Motion 5 Holdings LLC		202	
_			9
	Name of Limited Liability Company		<u> </u>
L20000332161			AH 10: 08
Document Numb	er, if known		Ö .=4
A copy of this resignation	was mailed to the above listed limited liability o	company at its last known ad	ි .dress.
	nd the office discontinued on the 31st day after		
_	CUL		
_	Signature of Resigning Agent		
lf signing on behalf of an e	ntity:		
C	heyenne Moseley		
_	Typed or Printed Name		
A	sst. Secretary for United States Corporation Age	ents, 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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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

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