L21000042925

(Requestor's Name)		
	dress)	
(\(\tau\)\(\tau\)		
(Address)		
(Cit	y/State/Zip/Phone #)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name)	
(Do	cument Number)	
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Certified Copies	_ Certificates of	Status
Canada Instructions to	Cilian Officer	
Special Instructions to Filing Officer:		

Office Use Only



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DEC 2 - 7

COVER LETTER

TO: Registration Section Division of Corporations	
Division of Corporations	
SUBJECT: Simple Signatures LLC	
Name of Limited Liability	Company
DOCUMENT NUMBER: L21000042925	
The enclosed Resignation of Registered Agent for a Limited for filing.	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:	
800	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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

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	undersigned,
United States Corporation Agents, Inc.	, hereby resigns as
Name of Registered Agent	
Registered Agent for Simple Signatures LLC	福司
	-6
Name of Limited Liability Company	PMI2: 32
L21000042925	E. 73
Document Number, if known	32
A copy of this resignation was mailed to the above listed limited liab	pility 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.
Signature of Resigning Ag	gent
If signing on behalf of an entity:	
Cheyenne Moseley	
Typed or Printed Name	
Asst. Secretary for United States Corporation	on Agents, Inc.
Capacity	

FILING FEES: \$ 85.00 Active \$ 25.00 Admi Active limited liability company
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