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# L21000064655

| (Requestor's Name)                      |
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| (Address)                               |
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| (City/State/Zip/Phone #)                |
|   |
| PICK-UP WAIT MAIL                       |
|   |
| (Business Entity Name)                  |
| (Substitutes Entity Warne)              |
|   |
| (Document Number)                       |
|   |
| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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SECRETARY OF STATE

#### **COVER LETTER**

TO: Registration Section
Division of Corporations

SUBJECT: Wigxotic Society LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L21000064685

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

United States Corporation Agents, Inc.

| Officed 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:       |

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

at ( 800 ) 773-0888 | Daytime Telephone Number

INHS17 (2/14)

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

| Pursuant to the provision | ons of section 605.011         | 5. Florida Statutes, the undersigned  | I.                         |                          |  |
|---------------------------|--------------------------------|---|----------------------------|--------------------------|--|
| United States Corp        |                                |   |                            |                          |  |
| Name of Registered Agent  |                                |   | , hereby resigns as        |                          |  |
| Registered Agent for      | Vigxotic Society L             | _C  |                            |                          |  |
|                           | Name of Lin                    | ited Liability Company  | <del></del>                |                          |  |
| L21000064685              |                                |   |                            |                          |  |
| Document N                | umber, if known                |   |                            |                          |  |
| A copy of this resignati  | on was mailed to the           | above listed limited liability compa  | nv at its last known addre | ess.                     |  |
| The agency is terminate   | ed and the office disco        | ntinued on the 31st day after the da  Signature of Resigning Agent  | te on which this statemen  | nt is filed.             |  |
| If signing on behalf of a | nn entity;                     |   |                            |                          |  |
|                           | Cheyenne Mose                  | ley   |                            |                          |  |
|                           | <u></u>                        | yped or Printed Name  | <del>_</del>               |                          |  |
|                           | Asst. Secretary for l          | Inited States Corporation Agents, In  | c.                         | 2                        |  |
|                           | FILING<br>\$ 85.00<br>\$ 25.00 | FEES: Active limited liability company Administratively dissolved/ volu- withdrawn limited liability com- | intarily dissolved/        | FILED<br>SFORETARY OF ST |  |

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