

421000102369

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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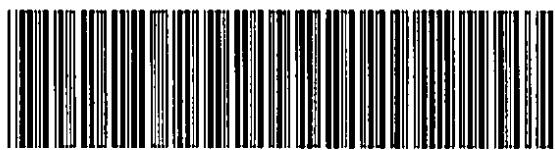
(Business Entity Name)

(Document Number)

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

SUBJECT: EyeofJoy LLC

**Name of Limited Liability Company**

DOCUMENT NUMBER: L21000102369

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.

Name of Person

Legalzoom.com, Inc.

Name of Firm/Company

9900 Spectrum Dr.

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**Address**

Austin, TX 78717

**City/State and Zip Code**

[raresignations@legalzoom.com](mailto:raresignations@legalzoom.com)

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Person \_\_\_\_\_ at ( 800 Area Code ) 773-0888 Daytime Tel

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Name of Limited Liability Company

L21000102369

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability 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 Agent

LED

2016 PM12:36  
FLORIDA  
STATE  
AGENCY  
TALLAHASSEE, FL

If signing on behalf of an entity:

Cheyenne Moseley

Typed or Printed Name

Asst. Secretary for United States Corporation Agents, 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