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TO: Rep	gistration Section vision of Corporations			
SUBJECT	Γ: MESSAGEBIO LLC	····×.		
		of Limited Liabili	ity Company	
DOCUMI	ENT NUMBER: L210001489	996 	··· · - · · · · · · · · · · · · · · · ·	-
The enclos for filing.	sed Resignation of Registered A	Agent for a Limit	ed Liability Company and fee a	re submitted
Please retu	urn all correspondence concern	ing this matter to	the following:	
United St	tates Corporation Agents, In	ıc.		
	Name of Person	··		
Legalzoo	om.com, Inc.			
	Name of Firm/Company	!		
9900 Spe	ectrum Dr.			
	Address			
Austin, T	X 78717			
	City/State and Zip Code		_	
raresigna	ations@legalzoom.com			
E-mail	address: (to be used for future annua	al report notification)) -	
For further	r information concerning this n	natter, please call	l:	
		, 800	773-0888	
	Name of Person	at (at Coc	de 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

suant to the provisions of section 605.0115. Florida Statutes, the undersigned.
nited States Corporation Agents, Inc. , hereby resigns as
Name of Registered Agent
gistered Agent for MESSAGEBIO LLC
Name of Limited Liability Company
1000148996
Document Number, if known
opy of this resignation was mailed to the above listed limited liability company at its last known address.
agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed. Signature of Resigning Agent
gning 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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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

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