LZI 000 256949

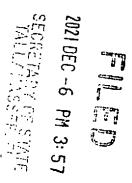
(Requestor's Name)		
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(City/State/Zip/Phone #)		
PICK-UP WAIT M	AIL	
(Business Entity Name)		
(Document Number)		
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Certified Copies Certificates of Status _		
Special Instructions to Filing Officer:		
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COVER LETTER

TO:	Registration Section Division of Corporations		
	Division of Corporations		
SUBJE	CT:		
	Name of	Limited Liability	Company
DOCU	MENT NUMBER: L21000256949)	
The enc for filin	closed Resignation of Registered Age g.	ent for a Limited	Liability Company and fee are submitted
Please r	eturn all correspondence concerning	this matter to th	ne following:
United	States Corporation Agents, Inc.		
	Name of Person	-	-
Legalz	oom.com, Inc.		
-	Name of Firm/Company		
9900 S	Spectrum Dr.		
	Address		
Austin,	, TX 78717		
	City/State and Zip Code		
raresig	nations@legalzoom.com		
E-n	nail address: (to be used for future annual re	port notification)	•
For furt	her information concerning this mat	ter, please call:	
		800	773-0888) Daytime Telephone Number
	Name of Person	- at Codo	Daytima Talanhana Numbur

MAILING ADDRESS:

liability company.

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET ADDRESS:

Registration Section Division of Corporations Clitton Building 2661 Executive Center Circle Tallahassee, FL 32301

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ons of section 605.0115, Florida Statutes, the undo	ersigned,	SECKE!
United States Corp	ooration Agents, Inc.	, hereby resigns as	
	Name of Registered Agent	_ thereby resigns as	がある。
Registered Agent for	ing Tuan LLC		
<u> </u>			F5 5
	Name of Limited Liability Company		
L21000256949			
Document N	lumber, it known		
•	on was mailed to the above listed limited liability		
The agency is terminate	ed and the office discontinued on the 31st day after Signature of Resigning Agent	er the date on which th	nis statement is filed.
If signing on behalf of	an entity:		
	Cheyenne Moseley		
	Typed or Printed Name		
	Asst. Secretary for United States Corporation Ag	gents, 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