121000271546

(Requestor's Name)	
(Address)	70037423
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(City/State/Zip/Phone #)	
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(Business Entity Name)	
(Document Number)	
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COVER LETTER

то:	Registration Section Division of Corporations	
SUBJ	BJECT: Name of Limited Liability Company	
DOC	CUMENT NUMBER: L21000271546	
The er for fili	e enclosed Resignation of Registered Agent for a Limited Liability Confiling.	npany and fee are submitted
Please	ase return all correspondence concerning this matter to the following:	
Unite	ited States Corporation Agents, Inc.	
	Name of Person	
Lega	galzoom.com, Inc.	
-	Name of Firm/Company	
9900	00 Spectrum Dr.	
	Address	
Austi	stin, TX 78717	
	City/State and Zip Code	
rares	resignations@legalzoom.com	
Е	E-mail address: (to be used for future annual report notification)	
For fu	further information concerning this matter, please call:	
	Name of Person at (800) 773-0888 Area Code Daytime Tele	
	Name of Person Area Code Daytime Tele	phone Number
Enclos liabilii liabilii	closed is a check made payable to the Florida Department of State for Sility company or \$25.00 for an administratively dissolved, voluntarily bility company.	85.00 for an active limited dissolved or withdrawn limited

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

United States Corporation Agents, Inc. Name of Registered Agent Registered Agent for Alexis Myers LLC Name of Limited Liability Company 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 If signing on behalf of an entity: Cheyenne Moseley Typed or Printed Name Asst. Secretary for United States Corporation Agents, Inc.	Pursuant to the provision	ons of section 605.0115. Florida Statutes, the undersi	gned.
Name of Registered Agent for Alexis Myers LLC Name of Limited Liability Company Printed Name	United States Corp	ooration Agents, Inc.	tarahu rankura na
Name of Limited Liability Company 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 If signing on behalf of an entity: Cheyenne Moseley Typed or Printed Name Asst. Secretary for United States Corporation Agents, Inc.			icreby resigns as
Name of Limited Liability Company Electron 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 If signing on behalf of an entity: Cheyenne Moseley Typed or Printed Name Asst. Secretary for United States Corporation Agents, Inc.	Registered Agent for A	llexis Myers LLC	
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Signature of Resigning Agent If signing on behalf of an entity: Cheyenne Moseley Typed or Printed Name Asst. Secretary for United States Corporation Agents, Inc.			#
Signature of Resigning Agent If signing on behalf of an entity: Cheyenne Moseley Typed or Printed Name Asst. Secretary for United States Corporation Agents, Inc.	Document N	umber, if known	무 :
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If signing on behalf of an entity: Cheyenne Moseley Typed or Printed Name Asst. Secretary for United States Corporation Agents, Inc.			
Typed or Printed Name Asst. Secretary for United States Corporation Agents, Inc.		Signature of Resigning Agent	
Typed or Printed Name Asst. Secretary for United States Corporation Agents, Inc.	If signing on behalf of a	an entity:	
Asst. Secretary for United States Corporation Agents, Inc.		Cheyenne Moseley	
		Typed or Printed Name	
Canacity		Asst. Secretary for United States Corporation Agen	its, Inc.
Caption		Capacity	

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

FILING FEES:
\$ 85.00 Active fimited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company