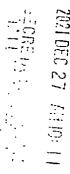


(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Fatib. Name)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
<u> </u>





12/27/21--01015--024 **25.00



COVER LETTER

SUBJECT: Name of Limit	ited Liability	Company
DOCUMENT NUMBER: L21000300266		
The enclosed Resignation of Registered Agent for filing.	or a Limited	Liability Company and fee are submitted
Please return all correspondence concerning this	matter to th	e following:
United 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, p	please call:	
at	(800	773-0888 Daytime Telephone Number
Name of Person	Area Code	Daytime Telephone Number

MAILING ADDRESS:

Registration Section Division of Corporations

TO:

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

INHS17 (2/14)

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provis	ions of section 605.0115, Florida Statutes, the undersi	gned,			
United States Corporation Agents, Inc. Name of Registered Agent		_ , hereby resigns as			
	Name of Limited Liability Company			······································	
L21000300266					
Document	Number, if known				
A copy of this resigna	tion was mailed to the above listed limited liability co	mpany at its last l	cnown ac	ldress.	
The agency is termina	ited and the office discontinued on the 31st day after th	ne date on which	this state	ment is	filed.
	Signature of Resigning Agent				
If signing on behalf of	f an entity:			2(
	Cheyenne Moseley			2021 DEC	
	Typed or Printed Name	1,	-71	CC	٠.
	Asst. Secretary for United States Corporation Agen	ts, Inc.		27	
	Capacity			E110:	
	FILING FEES: \$ 85.00 Active limited liability com \$ 25.00 Administratively dissolved/	pany			

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