## L21000303670

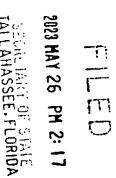
(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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Special Instructions to Filing Officer:				

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## **COVER LETTER**

SUBJECT: Name	of Limited Liability	/ Company
DOCUMENT NUMBER: L21000303670		
The enclosed Resignation of Registered a for filing.	Agent for a Limite	d Liability Company and fee are submitte
Please return all correspondence concern	ing this matter to t	he following:
Cory Betts		
Name of Person	-	-
ZenBusiness Inc.		
Name of Firm/Company	,	-
336 E. College Ave. Suite 301		
Address	,	-
Tallahassee, FL 32301		
City/State and Zip Code	:	-
ra@zenbusiness.com		
E-mail address: (to be used for future annua	il report notification)	-
For further information concerning this n	natter, please call:	
Cory Betts	844 at (	493-6249 ) 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

**TO:** Registration Section Division of Corporations

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 **Street Address:** 

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provi	sions of section 605.011	<ol><li>Florida Statutes, the τ</li></ol>	indersigned,			
Registered Agents Inc. , hereby res				s as		
	Name of Registered Age	ent	· · · · · · , · · · · · · · · · ·			
Registered Agent for	Blue Xrickster LLC					
<del></del>	<del></del>				•	
	Name of Lin	nited Liability Company				
1.21000303670						
Documen	t Number, if known					
A copy of this resign	ation was mailed to the	above listed limited liab	ility company at its l	last known addi	ress.	
The agency is termin	nated and the office disco	ontinued on the 31st day	after the date on wh	ich this stateme	ent is file	d.
	David X	Signature of Resigning Ag	ent			
If signing on behalf of	of an entity:					
	Registered Agents In	ic, by David Roberts		TA:	9 <u>9</u> 9	
	Assistant Secretary	Typed or Printed Name		LAH	9999 <b>HAY 2</b> 6	
		Capacity		ASSE ASSE		
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liabilit Administratively diss withdrawn limited li	iy company solved/ voluntarily c ability company	EE, FLORIDE	PM 2: 17	å j

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