# L21000321875

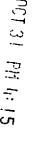
(Requestor's Name)		
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PICK-UP WAIT MA	AIL	
(Business Entity Name)		
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Special Instructions to Filing Officer:		
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(Document Number)  Certified Copies Certificates of Status		





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### **COVER LETTER**

SUBJECT: IMF East LLC	
Name of Limited Liability	Company
DOCUMENT NUMBER: L21000321875	
The enclosed Resignation of Registered Agent for a Limited for filing.	l Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	ne 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, please call:	
31 ( 800	773-0888
Name of Person Area Code	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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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

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

Pursuant to the provisions of sec	ction 605.0115, Florida Statutes, the under	signed.	
United States Corporation Agents, Inc.  Name of Registered Agent		, hereby resigns as	
	Name of Limited Liability Company	<del></del>	
L21000321875			
Document Number, if k	snown		
A copy of this resignation was r	nailed to the above listed limited liability c	ompany at its last known address.	
The agency is terminated and th	e office discontinued on the 31st day after	the date on which this statement is filed.	
	CUL	~2	
	Signature of Resigning Agent	(023	
If signing on behalf of an entity:		2023 PCT 3 I	
Chey	enne Moseley	<u></u>	
<del></del>	Typed or Printed Name		
Asst. S	Secretary for United States Corporation Age	nts, 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