9116RECOMBS

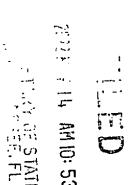
(Reque	estor's Name)	
(Addre	ss)	
(Addre	ss)	
(City/S	tate/Zip/Phone #	<i>‡</i>)
PICK-UP	WAIT	MAIL
(Busin	ess Entity Name	·)
(Docur	nent Number)	
Certified Copies	Certificates o	of Status
Special Instructions to Filin	ng Officer:	
<u> </u>		

Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: COMPARATO ENTERPR	
Name of Limited Liability	Company
DOCUMENT NUMBER: L21000392416	
The enclosed Resignation of Registered Agent for a Limited for filing.	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, please call:	
at (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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limite liability company.

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

INHS17 (2/14)

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ons of section 605.0115, Florida Statutes, the unders	igned,	
United States Corporation Agents, Inc hereby res		herehy resions as	
		, hereby resigns as	
Registered Agent for	COMPARATO ENTERPRISES LLC		
	Name of Limited Liability Company		
L21000392416			
Document N	umber, if known		
	on was mailed to the above listed limited liability co		
The agency is terminate	ed and the office discontinued on the 31st day after t	the date on which this statement is f	filed.
	Signature of Resigning Agent		
If signing on behalf of a	an entity:		. :
	Cheyenne Moseley		· · · ·
	Typed or Printed Name		t [T]
	Asst. Secretary for United States Corporation Ager	nts, Inc.	E
	Capacity		V.

FILING FEES:

\$85.00 Active limited liability company
\$25.00 Administratively 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