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(Re	equestor's Name)				
(Ac	ddress)				
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(Ci	ity/State/Zip/Phone #)				
PICK-UP	☐ WAIT ☐ MAIL				
(Bi	usiness Entity Name)				
(Document Number)					
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COVER LETTER

Division of Corporations SUBJECT: Safiya Afiya LLC Name of Limited Liability Company DOCUMENT NUMBER: L21000433475 The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing. Please return all correspondence concerning this matter to the 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 (800 773-0888 Area Code Daytime Telephone Number Name of Person

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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 provisio	ns of section 605.011	5. Florida Statutes, the unde	rsigned,			
United States Corporation Agents, Inc.		, hereby resigns as				
Name of Registered Agent						
Registered Agent for S	afiya Afiya LLC					_
	Name of Lir	nited Liability Company				_•
L21000433475						
Document No	imber, if known	. 				
A copy of this resignation	on was mailed to the	above listed limited liability	company at its last ki	nown ac	dress.	
The agency is terminate	d and the office disce	ontinued on the 31st day afte	r the date on which th	nis state	ment i	s filed.
		Signature of Resigning Agent				
If signing on behalf of a	n entity:				207	
	Cheyenne Moseley		-			
		Typed or Printed Name		· =	€ 28	
	Asst. Secretary for United States Corporation Age					t E∀F
	Capacity				AM 8: 16	2 * (
				STA		- ESLO
	EH INC	proc			δ	
	FILING \$ 85.00 \$ 25.00	Active limited liability con Administratively dissolve withdrawn limited liabili	ompany ed/ voluntarily dissol ty company	ved/		•

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