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COVER LETTER

Badmoon Design LLC		
SUBJECT: Name of Limited Liability	Company	-
DOCUMENT NUMBER: L21000450428		_
The enclosed Resignation of Registered Agent for a Limited for filing.	l Liability Company and fee ar	e 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		<u>E</u>
raresignations@legalzoom.com		AUG
E-mail address: (to be used for future annual report notification)	· · · · · · · · · · · · · · · · · · ·	<u> </u>
For further information concerning this matter, please call:	· • • • • • • • • • • • • • • • • • • •	
at (773-0888	AFI 6: 32
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 P.O. Box 6327 Tallahassee, FL 32314

STREET ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

TO:

Registration Section Division of Corporations

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provis	sions of section 605.0115, Florida Statutes, the undersi	gned.
United States Corporation Agents, Inc. , hereby		nereby resigns as
		Hereby resigns us
Registered Agent for	Badmoon Design LLC	
	Name of Limited Liability Company	·
L21000450428		
Document	Number, if known	
	ation was mailed to the above listed limited liability content and the office discontinued on the 31st day after the Signature of Resigning Agent	he date on which this statement is filed.
If signing on behalf o	f an entity:	AH 8: 32
	Cheyenne Moseley	32
	Typed or Printed Name	
	Asst. Secretary for United States Corporation Agen	ts, 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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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