L21000505764

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COVER LETTER

Division of Corporations SUBJECT: SiliconNeuron LLC Name of Limited Liability Company DOCUMENT NUMBER: L21000505764 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 11501 Domain Drive, Suite 200 Address Austin, TX 78758 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: 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

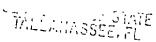
TO:

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 2020 APR -2 PM 2: 15



		111,000,00
Pursuant to the provision	ns of section 605.0115, Florida Statutes, the unde	ersigned.
United States Corp	oration Agents, Inc.	. hereby resigns as
-	Name of Registered Agent	
Registered Agent for S	iliconNeuron LLC	
	Name of Limited Liability Company	<u> </u>
L21000505764		
Document N	umber, if known	
A copy of this resignati	on was mailed to the above listed limited liability	company at its last known address.
The agency is terminate	ed and the office discontinued on the 31st day after	er the date on which this statement is filed.
	Erik Treutlein	
	Signature of Resigning Agent	
If signing on behalf of a	an entity:	
	Erik Treutlein	
	Typed or Printed Name	 _
	Vice President on behalf of United States Corporation	Agents, 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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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