121000514641

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
·				
(Document Number)				
,				
Certified Copies Certificates of Status				
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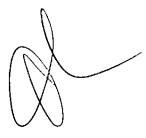


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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Your HR Partner- Consult				
Name of Limited Liability	Company	_		
DOCUMENT NUMBER: L21000514641		_		
The enclosed Resignation of Registered Agent for a Limiter for filing.	d Liability Company and fee a	ire su'	bmitte	ed
Please return all correspondence concerning this matter to t	he following:			
United States Corporation Agents, Inc.				
Name of Person	-			
Legalzoom.com, Inc.				
Name of Firm/Company	-			
9900 Spectrum Dr.				
Address	- :	-::··	2027	
Austin, TX 78717	- -	-	2022 NOY 1 L	121/21
City/State and Zip Code	- - -		<u>+</u>	dens.
raresignations@legalzoom.com	ş. F	ρ*` .Δ.(ΤΙ **	MH 8: 36	3-11-
E-mail address: (to be used for future annual report notification)	- - 	മണ. ചെഗ	ထဲ	
For further information concerning this matter, please call:	ŗ	حراث	36	
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 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 provision	ons of section 605.0115, Florida Statutes, the unde	rsigned,		
United States Corporation Agents, Inc. Name of Registered Agent		_ , hereby resigns as		
	Name of Limited Liability Company		<u> </u>	
L21000514641				
Document N	Sumber, if known			
A copy of this resignati	ion was mailed to the above listed limited liability	company at its last known addres	38.	
The agency is terminate	ed and the office discontinued on the 31st day after	the date on which this statemen	t is filed.	
If signing on behalf of a	Signature of Resigning Agent an entity:	STÄLLÄHÄ		
	Cheyenne Moseley	ents, Inc.	Summer Comments	
	Typed or Printed Name	SSE	179	
	Asst. Secretary for United States Corporation Age	ents, Inc.	(Carrent)	
	Capacity	8: 30 FL	₹ ₩	

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