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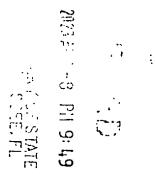
(Requestor's Name)				
(Address)				
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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: ART BY KRYSTAL ANN L	LC		
Name of Limited Liability	Company		
DOCUMENT NUMBER: L22000030415	<u> </u>		
The enclosed Resignation of Registered Agent for a Limited for filing.	l Liability Company and fee ar	e subn	nitted
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	- - - -	ຕ່ວ	
Austin, TX 78717	7,5° 4,5°		: • .
City/State and Zip Code	in the second se	PH 9: 49	-
raresignations@legalzoom.com	J. N. H.	6 1	
E-mail address: (to be used for future annual report notification)	=		
For further information concerning this matter, please call:			
at (800	773-0888		
Name of Person at (at (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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provisi	ons of section 605.0115, Florida Statutes, the	undersigned.			
United States Corporation Agents, Inc, hereby resign		s as			
	Name of Registered Agent				
Registered Agent for _	ART BY KRYSTAL ANN LLC				
	Name of Limited Liability Company			 ,	
L22000030415					
Document?	Number, if known				
A copy of this resignat	tion was mailed to the above listed limited lia	hility company at its	last known:	address	
If signing on behalf of	Signature of Resigning A	Agent		2827	
5 0	Cheyenne Moseley		:		:
	Typed or Printed Name		, * <u>.</u>	; \$\$.	
	Asst. Secretary for United States Corporati	on Agents, Inc.	73 TO 1	₽ i.	
	Capacity		STATE	₽H 9: 49	
	FILING FEES: \$ 85.00 Active limited liabi \$ 25.00 Administratively di	lity company ssolved/ voluntarily	dissolved/		

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

Active limited liability company
Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company