LZECCO 244219

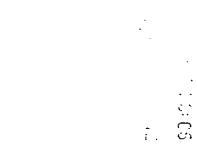
(Requestor's Name)
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(Address)
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(Puninga Enth-Maga)
(Business Entity Name)
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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Shelby Cooper Photography LLC	
Name of Limited Liability Company	
DOCUMENT NUMBER: L22000244219	
The enclosed Resignation of Registered Agent for a Limited Liability Company and fee for filing.	are submitted
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:	C .
Name of Person at (800) 773-0888 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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, I	Florida Statutes, the under	rsigned.	
United States Corporation Agents, Inc.				
Name of Registered Agent			hereby resigns as	
Registered Agent for	Shelby Cooper Photo	graphy LLC		
	Name of Limited	Liability Company		
L22000244219				
Document N	umber, if known	_		
The agency is terminate	ed and the office discontin	nued on the 31st day after	the date on which this statement is filed.	
If signing on behalf of a	in entity:			
Cheyenne Moseley				
	Typed	Lor Printed Name	• .	
Asst. Secretary for United States Corporation Agents, Inc.		nts, Inc.		
	C	Cupacity		
	FILING FE \$ 85.00 A \$ 25.00 A	ES: ctive limited liability con dministratively dissolved /ithdrawn limited liability	npany // voluntarily dissolved/	

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