L22000256069

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COVER LETTER

ISADEIKILLO	
SUBJECT: ISAREIKII LLC Name of Limited Liability	Company
DOCUMENT NUMBER: L22000256069	Company
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	e 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:	
Name of Person at (Area Code	773-0888 Daytime Telephone Number
Area Code	Day time relephone trumber

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

Régistration Section Division of Corporations

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

Pursuant to the provis	sions of section 605.0115, Florid	da Statutes, the undersi	gned.		
United States Co	rporation Agents, Inc.	ŀ	nereby resigns as		
	Name of Registered Agent	• • • • • • • • • • • • • • • • • • • •	icreoy resigns as		
Registered Agent for	ISAREIKII LLC				
	Name of Limited Liab	ility Company			•
L22000256069					
Document	Number, if known				
	ntion was mailed to the above list ated and the office discontinued Signatu				
lf signing on behalf o	f an entity:			17.1 S 707	ა ი ა
	Cheyenne Moseley			1. V. E. O. 2. O.	ა ⊇ ლ ეე
	Typed or P. Asst. Secretary for United St	rinted Name tates Corporation Agen	ts, Inc.	<u> </u>	OCT 21
	FILING FEES: \$ 85.00 Active \$ 25.00 Admi. withd	ity e limited liability com nistratively dissolved/ Irawn limited liability	pany voluntarily diss- company	olved/	

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