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(Cit	y/State/Zip/Phone	#)
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COVER LETTER

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SUBJECT: Ryan Campbell Enterprise	es LLC
DOCUMENT NUMBER: L22000339753	
The enclosed Resignation of Registered Agent for a Limited for filing.	d Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	ne following:
United States Corporation Agents, Inc.	
Name of Person	
Legalzoom.com, Inc.	DOTA JUL 31
Name of Firm/Company	
9900 Spectrum Dr.	31 PH W 29
Address	
Austin, TX 78717	29
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:	
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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

INHS17 (2/14)

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

suant to the provisions of section 605.0115, Florida Statutes, the undersigned,	
nited States Corporation Agents, Inc, hereby resigns as	
Name of Registered Agent	
gistered Agent for Ryan Campbell Enterprises LLC	
Name of Limited Liability Company	
2000339753	
Document Number, if known	. *
opy of this resignation was mailed to the above listed limited liability company at its last known address.	, ,-
agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed	d.
Trik Treutlein Signature of Resigning Agent	
Signature of Resigning Agent	
gning on behalf of 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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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