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#### COVER LETTER

SUBJECT: Name of Limited Liability Company DOCUMENT NUMBER: The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Chelsea Chapman Name of Person Legaline Corporate Services, INC. Name of Firm/Company 10601 Clarence Dr Ste 250 Address Frisco, TX 75033-3867 City/State and Zip Code ra@legalinc.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Name of Person

Registration Section Division of Corporations

TO:

### Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Chelsea Chapman

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ns of section 605.0115,	Florida Statutes, the under	signed.	
Legaline Corporate Services, INC.			, hereby resigns as	
Name of Registered Agent				
Registered Agent for <u>JI</u>	<u>EN SABATINI PHO</u>	TOGRAPHY LLC		
	Name of Limit	ed Liability Company		
1.22000340577 Document Nu	ımber, if known			
A copy of this resignation	on was mailed to the ab	ove listed limited liability o	company at its last known address.	
The agency is terminated	d and the office discont	inued on the 31st day after	the date on which this statement is filed.	
	Jack 1	Mathews		
If signing on behalf of a		Signature of Resigning Agent	7022 NOV 14 PH 1: 08	
	Za	nchary Mathewson		
	Гуј	ped or Printed Name		
On Behalf of Legaline Corp.		Corporate Services, INC.	ASO P T	
		Capacity		
			FLE FATE	
	• \$ \frac{\mathbf{FILING F}}{\mathbf{S}} \frac{\mathbf{S}}{\mathbf{S}} \frac{\mathbf{S}}{\mathbf	EES: Active limited liability co Administratively dissolve withdrawn limited liabili	d/voluntarily dissolved/	

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