L22000 378605

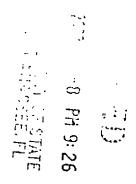
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

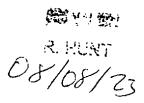
Office Use Only



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COVER LETTER

TO:	Registration Section
	Division of Corporations

SUBJECT: Hourglass Leggings LLC				
Name of Limited Liability	Company		-	
DOCUMENT NUMBER: L22000378605			_	
The enclosed Resignation of Registered Agent for a Limited for filing.	I Liability Compa	ny and fee a	re sub	mittec
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	-			
Austin, TX 78717			3	
City/State and Zip Code	-		;	
raresignations@legalzoom.com		; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;	င်	
E-mail address: (to be used for future annual report notification)	-	73.7°C (₽:	و نو وسو
For further information concerning this matter, please call:		STAT STATIS	Fil 9: 21	الوييعا
800 at (773-0888	ri	6	
Name of Person Area Code	Daytime Telepho	one 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

United States Corn					
United States Corporation Agents, Inc.		, hereby resigns as			
	Name of Registered Agent				
Registered Agent for _	lourglass Leggings LLC	,			_
	Name of Limited Liability Company				
L22000378605					
Document N	umber, if known				
A copy of this resignati	on was mailed to the above listed limited liability	y company at its last	known	addre:	SS.
The agency is terminate	ed and the office discontinued on the 31st day aft	er the date on which	this sta	itemen	t is filed
	A				
	Signature of Resigning Agent				
If signing on behalf of:				,; ,;;	
If signing on behalf of				78733	
If signing on behalf of	an entity:			7573 :	
If signing on behalf of	Cheyenne Moseley		Y US SEEL.	8- 1555	

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