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COVER LETTER

Registration Section Division of Corporations SUBJECT: Seven Seas The Brand LLC Name of Limited Liability Company DOCUMENT NUMBER: L22000382878 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: 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: 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

Name of Person

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

TO:

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ns of section 605.011	5. Florida Statutes, the under	rsigned.		
United States Corporation Agents, Inc.		C.	, hereby resigns as		
	Name of Registered Ager	ıı	, (
Registered Agent for Se	even Seas The B	rand LLC			-
	Name of Lim	ited Liability Company			_•
L22000382878					
Document Nu	mber, if known				
A copy of this resignation	on was mailed to the a	above listed limited liability	company at its last l	known address.	
The agency is terminated	d and the office disco	ntinued on the 31st day after	the date on which	this statement i	s filed.
		Signature of Resigning Agent			
If signing on behalf of a	n entity:				
	Cheyenne Mose	eley			
	T	yped or Printed Name			
	Asst. Secretary for United States Corporation Agen		ents, Inc.	202 7AL	
		Capacity		SECATION A	****
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	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability conditions and administratively dissolve withdrawn limited liability.	ompany ed/voluntarily disso ity company	>	

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