# L22000383370

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## **COVER LETTER**

TO: Registration Section Division of Corporations

SUBJECT: Lyfe R Us Ecom LLC	
Name of Limited Liability	Company
DOCUMENT NUMBER: L22000383370	
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	ne 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 (at (	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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 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

Pursuant to the provision	ons of section 605.0115, Florida Statutes, the unde	ersigned,	
United States Corp	poration Agents, Inc.	, hereby resigns as	
	Name of Registered Agent	, nercey realghs as	
Registered Agent for	yfe R Us Ecom LLC		
	Name of Limited Liability Company	,	
L22000383370			
Document N	umber, if known		
A copy of this resignati	on was mailed to the above listed limited liability	company at its last known address.	
The agency is terminate	ed and the office discontinued on the 31st day after	er the date on which this statement is fil	led.
	Signature of Resigning Agent		
If signing on behalf of a	an entity:	7.072	
	Cheyenne Moseley		: 1 - 12
	Typed or Printed Name		
	Asst. Secretary for United States Corporation A	gents, Inc.	T
	Capacity	PH 12: 48	O

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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