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PICK-UP	WAIT	MAIL
(Business Entity Name)		
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Certified Copies	Certificates	of Status
Special Instructions to Filing Officer:		
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COVER LETTER

TO: "Registration Section Division of Corporations

SUBJECT: Lilly's Ride LLC	
Name of Limited Liability	Company
DOCUMENT NUMBER: L23000155034	
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:	
800 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Flo	rida Statutes, the undersigned,	
United States Corporation Agents, Inc.	, hereby re	signs as
Name of Registered Agent		
Registered Agent for Lilly's Ride LLC		
Name of Limited Li	ability Company	
L23000155034		
Document Number, if known		
A copy of this resignation was mailed to the above	listed limited liability company a	it its last known address.
The agency is terminated and the office discontinue	ed on the 31st day after the date o	on which this statement is filed.
	au	~
Sign:	nture of Resigning Agent	15 SE
If signing on behalf of an entity:		7023 OCT 31 SEC. 1
Cheyenne Moseley		
Typed o	r Printed Name	11 - III
Asst. Secretary for United	States Corporation Agents, Inc.	H 12
Ca	pacity	PH 12: 40

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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