L23000193493

(Re	equestor's Name)				
(Ad	ldress)				
(Ad	ldress)				
(Cit	ty/State/Zip/Phone	e #/)			
	_				
PICK-UP	MAIT	MAIL			
(Bu	siness Entity Nar	ne)			
(Do	cument Number)				
Certified Copies	Certified Copies Certificates of Status				
Special Instructions to	Filing Officer				
Special instructions to	rilling Officer,				
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COVER LETTER

TO: Registration Section Division of Corporations	
Division of Corporations	
_{SUBJECT:} 99angles LLC	
Name of Limited Liability	Company
DOCUMENT NUMBER: L23000193493	
The enclosed Resignation of Registered Agent for a Limited for filing.	d Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	he 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provision	ns of section 605.0115	, Florida Statutes, the under	signed,	
United States Corporation Agents, Inc. her		hereby resigns as		
		norcoy resigns as		
Registered Agent for 99	Pangles LLC			
				,
	Name of Limit	ed Liability Company		
L23000193493				
Document Nu	mber, if known			
A copy of this resignation	on was mailed to the ab	ove listed limited liability o	company at its last know	vn address.
The agency is terminated	d and the office discon	tinued on the 31st day after	the date on which this s	statement is filed.
		ik Treutlein		
		Signature of Resigning Agent		~2
If signing on behalf of a	n entity:		AL	024
	Erik Treutlein		A	FILE D 8: 30
	Туј	ped or Printed Name		NI2 P
	Vice President for United States Corporation Agents, Inc.		ents, Inc.	in = IT
		Capacity	·	F. 30 C
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				0 A
	FILING F \$ 85.00 \$ 25.00	FEES: Active limited liability cor Administratively dissolved withdrawn limited liabilit	mpany d/ voluntarily dissolved y company	V

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