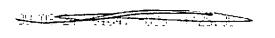
L23000367618

(Requestor's Name)
(Address)
(Address)
· · ·
(City/State/Zip/Phone #)
(Oity/State/Zip/Filone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
11 60/10
12 Mills

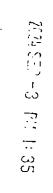
Office Use Only



000435864450



09/05/03--01/47--05/5/9/**55.00



COVER LETTER

SUBJECT: The Locy Group LLC
Name of Limited Liability Company DOCUMENT NUMBER: L23000418597
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:
Name of Person 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

.

TO:

Registration Section Division of Corporations

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

rursuant to the provisi	ions of section 605.0115. Florida Statutes, the undersi	igned,
United States Cor	poration Agents, Inc.	annahu madi ma
	Name of Registered Agent	nereby resigns as
Registered Agent for _	The Locy Group LLC	1.37
		()
	Name of Limited Liability Company	5.5
L23000418597		-0
Document N	sumber, if known	-: 35
A copy of this resignat	ion was mailed to the above listed limited liability co	mpany at its last known address.
The agency is terminate	ed and the office discontinued on the 31st day after th	ne date on which this statement is filed.
	Treutlein	
	Signature of Resigning Agent	
If signing on behalf of a	an entity:	
	Erik Treutlein	
	Typed or Printed Name	_
	Vice President on behalf of United States Corporation Ager	nts, Inc.
	Capacity	

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