L24000209578

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Dusitiess Etiaty Name)				
(Document Number)				
Certified Copies Certificates of Status				
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JAN 15 S. PRATHER

COVER LETTER

TO: Registration Section Division of Corporations

_{subject:} SeaRashell's Treasures L	
Name of Limited Liability	Company
DOCUMENT NUMBER: L24000209578	
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 th	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	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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 605.011	5. Florida Statutes, the und	ersigned,		
United States Corporation Agents, Inc.		_ , hereby resigns as			
Name of Registered Agent			_, nereby resigns as		
Registered Agent for S	eaRashell's Trea	sures LLC			_
	Name of Lin	nited Liability Company			_,
L24000209578		, , ,			
Document Nu	mber, if known				
A copy of this resignation	on was mailed to the a	above listed limited liability	company at its last known	address.	
The agency is terminated	d and the office disco	ontinued on the 31st day after	er the date on which this sta	itement is	s filed.
	Crik	Trautlain Signature of Resigning Agent			
		Signature of Resigning Agent			(S)
If signing on behalf of a	n entity:				2924 D.J.
	Erik Treutlein				
	T	yped or Printed Name		:	-
	Vice President on beha	If of United States Corporation A	Agents, Inc.		:
		Capacity		÷	
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability c Administratively dissolv withdrawn limited liabil	ompany ed/ voluntarily dissolved/ lity company		

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