

M10 000 004 663

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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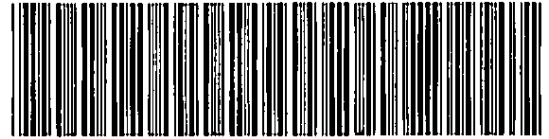
(Business Entity Name)

(Document Number)

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S. PRATHI

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S. PRATHI

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** U.U.S., LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** M10000004663

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:

Brenna Lutter  
\_\_\_\_\_  
Name of Person

BizFilings  
\_\_\_\_\_  
Name of Firm/Company

8020 Excelsior Dr Ste 200  
\_\_\_\_\_  
Address

Madison WI 53717  
\_\_\_\_\_  
City/State and Zip Code

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brenna Lutter                      608                      827-5300  
\_\_\_\_\_  
Name of Person                      at (                      )                      Daytime Telephone Number  
Area Code

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

BUSINESS FILINGS INCORPORATED

\_\_\_\_\_, hereby resigns as  
Name of Registered Agent

Registered Agent for U.U.S., LLC


\_\_\_\_\_  
Name of Limited Liability Company

M10000004663

\_\_\_\_\_  
Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

  
\_\_\_\_\_  
Signature of Resigning Agent

If signing on behalf of an entity:

Brenna Lutter

\_\_\_\_\_  
Typed or Printed Name

Asst Secretary

\_\_\_\_\_  
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