M1500001287

(Requestor's Name)	
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(Business Entity Name)	
(Document Number)	
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K. SALY NOV 2 8 2017

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT:	FIND 4 U, LLC		
	Name of Limited Liability Company		
DOCUMENT NUMBER:	M15000001287		
The enclosed Resignation of Regis for filing.	tered Agent for a Limited Liability Company and fee are submitted		
Please return all correspondence c	ncerning this matter to the following:		
Kaitie Spe			
Name of Per			
Corporate Dir			
Name of Firm/C	inpany		
2248 Meridian Bl	<u> </u>		
Address			
Minden, NV 8			
City/State and Z	p̃ Code		
info@corporated			
E-mail address: (to be used for futu	e annual report notification)		
For further information concerning	this matter, please call:		
Kaitie Sperry	775 782-2201		
Name of Person	Area Code Daytime Telephone Number		
Enclosed is a check made payable liability company or \$25.00 for an liability company.	to the Florida Department of State for \$85.00 for an active limited administratively dissolved, voluntarily dissolved or withdrawn limited		
MAILING ADDRESS:	STREET ADDRESS:		
Registration Section	Registration Section		
Division of Corporations	Division of Corporations		
P.O. Box 6327	Clifton Building		
Tallahassee, FL 32314	2661 Executive Center Circle		
	Tallahassee, FL 32301		

INHS17 (2/14)

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions	of section 60 5.0115, Fl	orida Statutes, the und	ersigned,	T _a
•	Gerri Detweiler		, hereby resigns as	多
N:	ame of Registered Agent		<u>_</u> ,	
Registered Agent for	FIND	4 U, LLC		TOTAL STREET,
				70, 7
	Name of Limited	Liability Company		
M150000	01287			RIO
Document Numb	er, if known	-		
A copy of this resignation	was mailed to the abov	e listed limited liability	y company at its last k	nown address.
The agency is terminated a	nd the office discontin	ued on the 31st day aft	er the date on which t	his statement is filed.
	Levi	Deterrei	ler	
If signing on behalf of an o	entity:	nature of Resigning Agent ri Detweiler		
_	Typed	or Printed Name		
	Regi	istered Agent		
_	C	Capacity		
	FILING FE	<u>ES:</u>		
	\$ 85 .00 A \$ 25 .00 A	ctive limited liability of dministratively dissolvithdrawn limited liabi	company ved/ voluntarily disso ility company	lved/
		o Florida Department o	f State and mail to:	
	Div	vision of Corporations P.O. Box 6327		
	т	allahassee, FL 32314		

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