## M17000003317

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## **COVER LETTER**

SUBJECT: SEMCOPILOT LLC	of Limited Liabilit	v Company
DOCUMENT NUMBER: M170000033		
		d Liability Company and fee are submitted
Please return all correspondence concernir	ng this matter to	the following:
United States Corporation Agents, Inc		
Name of Person	<del> </del>	_
LegalZoom.com, Inc.		
Name of Firm/Company		_
101 North Brand Blvd. 11th Floor		
Address		_
Glendale, CA 91203		
City/State and Zip Code		_
raresignations@legalzoom.com		
E-mail address: (to be used for future annual	report notification)	_
For further information concerning this ma	atter, please call:	
Joyce Yi	800	773-0888 x7789
Name of Person	Area Code	773-0888 x7789 Daytime Telephone Number
Enclosed is a check made payable to the F liability company or \$25.00 for an adminis fiability company.	lorida Departme stratively dissolv	nt of State for \$85.00 for an active limited ed. voluntarily dissolved or withdrawn limite
MAILING ADDRESS: Registration Section		ET ADDRESS: ration Section

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

INHS17 (2-14)

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

**TO:** Registration Section Division of Corporations

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

Pursuant to the provisi-	ons of section 605.0115, Florida Statutes, the und	lersigned.		
United States Corporation Agents, Inc.		_ , hereby resigns as		
	Name of Registered Agent	- cheren's resulting m		
Registered Agent for	SEMCOPILOT LLC			
	Name of Limited Liability Company		<del></del> ,	
M17000003317				
Document 8	Sumber, if known			
-	ion was mailed to the above listed limited liability ed and the office discontinued on the 31st day aft			filed.
ζ ,	Office of Resigning Agent			
If signing on behalf of	an entity:	E A	2020 SEP	ئ ئىسى ئىسى
	Cheyenne Moseley		28	e ecumenta L
	Typed or Printed Name			177
	Asst. Secretary for United States Corporation A	gents, Inc.	Ī	
	Capacity	STATE	AM 11: 00	

FILING FEES:
\$ 85.00 Active fimited 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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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