Florida Department of State

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000360649 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INCORP SERVICES INC

Account Number : 120120000007 Phone : (702)866-2500 Fax Number : (702)900-2290

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

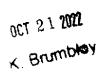
Email Address: documents@incorp.com

LLC REGISTERED AGENT RESIGNATION LEARN, LOOK, LOCATE LLC

Certificate of Status	<u>()</u>
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COVER LETTER

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TO: Registration Section Division of Corporations	
SUBJECT: LEARN, LOOK, LOCATE ELC Name of Limited Liab	
Name of Limited Liab	oility Company
DOCUMENT NUMBER: M20000001073	
The enclosed Resignation of Registered Agent for a Lin for tiling.	nited Liability Company and fee are submitted
Please return all correspondence concerning this matter	to the following:
Karen Gibson	
Name of Person	,
InCorp Services, Inc.	
Name of Firm/Company	
3773 Howard Hughes Pkwy Ste. 500s	
Address	
Las Vegas, NV 89169	
City/State and Zip Code	
documents@incorp.com	
E-mail address, (to be used for future armual report notificate	on)
For further information concerning this matter, please c	all:
Karen Gibson for InCorp Services, Inc. 702	, 866-2500
Karen Gibson for InCorp Services, Inc. 702 Name of Person Area C	Code Daytime Telephone Number
Enclosed is a check made payable to the Florida Depart liability company or \$25.00 for an administratively diss liability company.	ment of State for \$85.00 for an active limited colved, voluntarily dissolved or withdrawn limited
MAILING ADDRESS: ST	REET ADDRESS:

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

INHS17 (2/14)

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STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Fiori	da Statules, the undersigned,
InCorp Services, Inc.	, hereby resigns as
Name of Registered Agent	
Registered Agent for	
LEARN, ŁOOK, LOCATE LLC	
Name of Limited Liak	nhty Company
M20000001073	
Document Number, if known	
A copy of this resignation was mailed to the above li	sted limited liability company at its last known address.
The agency is terminated and the office discontinued	I on the 31st day after the date on which this statement is filed.
Rasen He	A-m
Signati	ure of Resigning Agent
If signing on behalf of an entity:	
Karen Gibson for InCorp	Services, Inc.
Typed or 1	Printed Name &
Authorized Representat	ive 22
Сара	enty En C
S 25.00 Adm	ive city re limited liability company inistratively dissolved voluntarily dissolved drawn limited liability company

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

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