# H4000029457

(Requ	estor's Name)			
(Addre	ess)			
(Addre	ess)			
(City/State/Zip/Phone #)				
PICK-UP	MAIT	MAIL		
(Busir	ness Entity Nar	 ne)		
·	·	,		
(Docu	ment Number)			
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Certified Copies	Certificates	s of Status		
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Special Instructions to Fili	ing Officer:			

Office Use Only

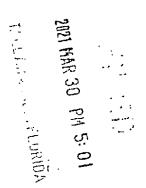


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### **COVER LETTER**

TO:	Registration Section Division of Corporations	
SUBJ	ECT: Name of Limited Liability	
	Name of Limited Liability	Company
DOC	UMENT NUMBER: L14000029457	
The enfor fil	nclosed Resignation of Registered Agent for a Limited ing.	Liability Company and fee are submitted
Please	e return all correspondence concerning this matter to the	ne following:
Ed T	suji	
	Name of Person	
МуС	ompanyWorks, Inc.	
	Name of Firm/Company	
187 I	E. Warm Springs Rd., Suite B	
	Address	
Las \	/egas, NV 89119	
	City/State and Zip Code	
order	rs@mycompanyworks.com	
Ē	-mail address: (to be used for future annual report notification)	
For fu	erther information concerning this matter, please call:	
Jenn	ifer Peters 702	362-2677 Daytime Telephone Number
	Name of Person Area Code	Daytime Telephone Number
liabili	sed is a check made payable to the Florida Departmen ty company or \$25.00 for an administratively dissolve ty company.	t of State for \$85.00 for an active limited d. voluntarily dissolved or withdrawn limited

#### 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 provi	sions of section 605.0115. Florida Statute	s, the undersigned,	
MyCompanyWorks, Inc.		hereby resigns as	
	Name of Registered Agent	Hereby resigns as	
Registered Agent for	GEX International LLC		
	Name of Limited Liability Compa	aty	,
L14000029457			
Document	t Number, if known		
A copy of this resign.	ation was mailed to the above listed limite	ed liability company at its last known a	address.
The agency is termin	ated and the office discontinued on the 31  Signature of Resign	D	tement is filed. 2021 HAR 30
If signing on behalf o	of an entity:		0
-	Jennifer Peters	Tr.TLORIUA	PH 5: 01
	Typed or Printed Name	<del></del>	, O
	Assistant 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