L20000338624

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
(City/State/2)pr=116/1e #)			
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то:	Registration Section Division of Corporations
SUBJ	ECT:
00130	Name of Limited Liability Company
DOCU	JMENT NUMBER: L20000238624
The en for fili	iclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted ng.
Please	return all correspondence concerning this matter to the following:
United	d States Corporation Agents, Inc.
	Name of Person
Legal	zoom.com, Inc.
	Name of Firm/Company
101 N	lorth Brand Blvd. 11th Floor
	Address
Glend	ale, CA 91203
	City/State and Zip Code
raresi	gnations@legalzoom.com
E-1	mail address: (to be used for future annual report notification)
For fur	ther information concerning this matter, please call:
	Name of Person Area Code Daytime Telephone Number
	Name of Person Area Code Daytime Telephone Number

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ns of section 605.0115, Florida Statutes, the unders	igned,	
United States Corp	nereby resigns as		
	Name of Registered Agent	iereby resigns as	
Registered Agent for	ΓK Consultants LLC		
	Name of Limited Liability Company	,	
L20000238624			
Document Nu	umber, if known		
A copy of this resignation	on was mailed to the above listed limited liability co	ompany at its last known address.	
The agency is terminated	d and the office discontinued on the 31st day after to Signature of Resigning Agent		filed.
Hisigning on behalf of a	n entity:	2020 OCT -5	
	Cheyenne Moseley	CT.	
	Typed or Printed Name		
	Asst. Secretary for United States Corporation Ager	its, Inc.	٠.
	Capacity	AH 10: 49	:- : -:

FILING FEES: \$ 85.00 Active \$ 25.00 Admi Active limited liability company
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withdrawn limited liability company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