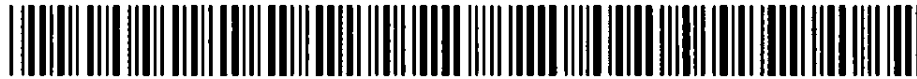


Division of Corporations

Florida Department of State
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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.

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : REGISTERED AGENTS INC.
Account Number : I20090000081
Phone : (307)200-2803
Fax Number : (813)436-5206

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**LLC REGISTERED AGENT RESIGNATION
CONTINGENCY CONSULTANTS LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$85.00

K. SALY

MAY 15 2024

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

REGISTERED AGENTS, INC., hereby resigns as

Name of Registered Agent

Registered Agent for CONTINGENCY CONSULTANTS LLC

Name of Limited Liability Company

M18000009385

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

David Roberts
Signature of Resigning Agent

If signing on behalf of an entity:

David Roberts

Typed or Printed Name

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withdrawn limited liability company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

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