M19000009595

(Requestor's Name)
(Address)
(Address)
(isaloss)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(232
0.00.00
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

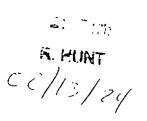
Office Use Only



000423782990

02/13/24--01027--001 **25.00

7674 T 3 13 PM 2: 56



COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Grant Management Grou				
DOCUMENT NUMBER: M19000009598	ry Company			
The enclosed Resignation of Registered Agent for a Limite for filing.	ed Liability Company and	fee ar	e subr	nitted
Please return all correspondence concerning this matter to	the following:			
United States Corporation Agents, Inc. Name of Person	_			
Legalzoom.com, Inc.	_		50.5	
Name of Firm/Company	_		- ;	
9900 Spectrum Dr.	: :	-	, ;	
Address	_	27	<u>س</u>	
Austin, TX 78717	ſ	行 円 2.1 1.3 1.3 1.3 1.3 1.3 1.3 1.3 1.3 1.3 1	PM 2: 5	C
City/State and Zip Code		PATE	95	
raresignations@legalzoom.com		• • •		
E-mail address: (to be used for future annual report notification)	_			
For further information concerning this matter, please call				
800 at (773-0888			
Name of Person Area Cod	e Daytime Telephone Nun	iber		

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provi-	sions of section 605.0115, Florida Statutes, the unde	ersigned.	
United States Co	prporation Agents, Inc.	_ , hereby resigns as	
	Name of Registered Agent	_ thereby reargins as	
Registered Agent for	Grant Management Group LLC		
	Name of Limited Liability Company		
M19000009598			
Document	Number, if known		
A copy of this resigna	ation was mailed to the above listed limited liability	company at its last known address.	
The agency is terminate	ated and the office discontinued on the 31st day after	er the date on which this statement is	filed
	Signature of Resigning Agent		
If signing on behalf o	f an entity:	. .	
	Cheyenne Moseley		
	Typed or Printed Name		rug.
	Asst. Secretary for United States Corporation Ag	gents, Inc.	
	Capacity	GERFL STATE	محصن

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