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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: CAPITOL CORPORATE SERVICES, INC.

Account Number : I20160000048 Phone

: (800)345-4647

Fax Number

: (800)432-3622

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## LLC REGISTERED AGENT RESIGNATION QUICKCONTRACTORS.COM LLC

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K. SALY

AUG 1 + 2025

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## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of	section 605.0115, Florida Statutes,	the undersigned,	<i>ح</i> ہ
Capitol Co	orporate Services, Inc.	, hereby resigns as	JOS AUG
Neur	e of Registered Agent		
Registered Agent for	QUICKCONTRA	CTORS.COM LLC	10 TO
<u> </u>	Name of the Limite	ed Liability Company	
M21000  Document Number,  A copy of this regionation was		liability company at its last kno	PM 12: 23
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	Bin Intert	<b>4</b> '	
	Signature of Resignir	ig Agent	
If signing on behalf of an ent	ity:		
	Brian Radecki		
	Typed or Printed Name		
	Assistant Secreta	ry	
	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\$ 25.00 Administratively dissolved/voluntarily dissolved/withdrawn limited liability company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

INHS17 (2/14)