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(Add	dress)			
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ECRETARY OF STATE

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COVER LETTER

SUBJECT:	AUDUBON CONSULTING, LLC		
	Name of Limited Liability Company		
DOCUMENT NUMBER:_	L09000061692		
The enclosed Resignation of for filing.	Registered Agent for a Limited Liability Company and fee are submitt		
Please return all corresponde	nce concerning this matter to the following:		
Brooke	Breeding		
Name o	f Person		
	te Research, Ltd.		
Name of F	rm/Company		
615 S D	pont Hwy		
Ad	ress		
	DE 19901		
City/State	nd Zip Code		
statrep@nate	onalcorp.com r future annual report notification)		
	erning this matter, please call:		
Brooke Breedi Name of Perso	at (800) 483-1140 ext 3005 Area Code & Daytime Telephone Number		
iname of Perso	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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

TO:

Amendment Section Division of Corporations

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ns of section 608.416(2) or 608.509, Florida Statutes, the undersigned	1,
Nationa	al Corporate Rese	arch, Ltd. , hereby resigns as	•
	Name of Registered Ager	it	
Registered Agent for		AUDUBON CONSULTING, LLC	<u></u>
	<u></u>		
	Name of Lim	ited Liability Company	•
	0061692		
	mber, if known	·	
A copy of this resignation	on was mailed to the al	bove listed limited liability company at its last l	known address.
The agency is terminate	d and the office discor	tinued on the 31st day after the date on which	this statement is filed.
		c A	
	H	lulju	
		Signature of Resigning Agent	
If signing on behalf of a	n entity:		
		ndrew Lundgren	
	T	ped or Printed Name	
	V.P., Nationa	l Corporate Research, Ltd.	
•	•	Capacity .	
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability company Administratively dissolved/ voluntarily diss withdrawn limited liability company	olved S
	Make checks payab	le to Florida Department of State and mail to: Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	G 23 PHI2: 3