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	Division of Co Fax Number	rporations : (850)617-6383
From:		
	Account Name	: THE LAW OFFICES OF NICK SPRADLIN PLLC
	Account Number	: 120070000020
	Phone	: (813)435-3176
	Fax Number	: (813)333-6358

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

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FEB 0 3 2023

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

THE LAW OFFICES OF NICK SPRADLIN, PLLC

Name of Registered Agent

Registered Agent for _____

Name of Limited Liability Company

L09000120945

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.

Signature of Resigning Agent

If signing on behalf of an entity:

NICKOLAS . SPRADLIN

Typed or Printed Name

CEO

Capacity

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_____, hereby resigns as

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<u>FILING</u>	FEES:		E.	
\$ 85.00	Active limits of the bills		τ.	
\$ 25.00	Active unified hability company		1	-
\$ 25.00	 Active limited liability company Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company 			
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Make checks payable to Florida Department of State and mail to:				
• • • •	Division of Corporations		-	
	P.O. Box 6327			
	Tallahassee, FL 3231J			

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