

Florida Department of State
 Division of Corporations
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L110002025663

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

From: Account Name : A1A REGISTERED AGENT INC.
 Account Number : I20090000032
 Phone : (561) 792-2236
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2020 JUL 30 PM 12:40

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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**LLC REGISTERED AGENT RESIGNATION
 PRIVATE OPS SOLUTIONS LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	585.00

CORPORATIONS

JUL 01 2020

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

11/12: 41

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

SUPERBIZ REGISTERED AGENT, INC.

_____, hereby resigns as

Name of Registered Agent:

Registered Agent for PRIVATE OPS SOLUTIONS LLC

Name of Limited Liability Company

L11000133187

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.

Tina Maki
Signature of Resigning Agent

If signing on behalf of an entity:

TINA MAKI
Typed or Printed Name
DP
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withdrawn limited liability company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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