L14000075016

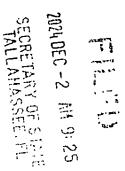
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COVER LETTER

Division of Corporations

SUBJECT: Querybridge Consulting LLC

Name of Limited Liability Company DOCUMENT NUMBER: L14000075016 The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing. Please return all correspondence concerning this matter to the following: United States Corporation Agents, Inc. Name of Person Legalzoom.com, Inc. Name of Firm/Company 9900 Spectrum Dr. Address Austin, TX 78717 City/State and Zip Code raresignations@legalzoom.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

Name of Person

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

TO:

Registration Section

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ons of section 605.01	15. Florida Statutes, the un	idersigned,		
United States Corporation Agents, Inc. , hereby resignated Agent			hereby recions	25	
			; nereby resigns a	as	
Registered Agent for	Querybridge Cons	sulting LLC			
	Name of Li	mited Liability Company			<u> </u>
L14000075016					
Document N	umber, if known				
A copy of this resignati	on was mailed to the	above listed limited liabili	ty company at its la	st known addres	is.
The agency is terminate		ontinued on the 31st day at E Truttlein Signature of Resigning Agen		ch this statement	is filed.
If signing on behalf of a	an entity:			2024 DEC SECRETALLA	
	Erik Treutlein			ALL ALL	, J.
		Typed or Printed Name		TAR AH	un material. Linguistica de P
	Vice President on beh	alf of United States Corporation	i Agents, Inc.	<i>~</i> ∑~<	ب سسـ خ تا
		Capacity		MH 9: ZO OF STATE SSEE, FL) (merce)) (merce))
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability Administratively dissol withdrawn limited liab	lved/ voluntarily dis	ssolved/	

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314