L14000145369

Office Use Only



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S. YOUNG

COVER LETTER

Registration Section Division of Corporations

TO:

CTAVALCONICHI TINIC LLC	
SUBJECT: CTAW CONSULTING, LLC	Limited Liability Company
DOCUMENT NUMBER: L14000145369	
	ent for a Limited Liability Company and fee are submitted
Please return all correspondence concerning	g this matter to the following:
United States Corporation Agents, Inc.	
Name of Person	
Legalzoom.com, Inc.	
Name of Firm/Company	
101 North Brand Blvd. 11th Floor	
Address	
Glendale, CA 91203	
City/State and Zip Code	
E-mail address: (10 be used for future annual re	eport notification)
For further information concerning this mat	ter, please call:
Kasandra	1 800 \ 773-0888 x3951
Name of Person	at (
Enclosed is a check made payable to the Flo liability company or \$25.00 for an administ liability company.	orida Department of State for \$85.00 for an active limited ratively dissolved, voluntarily dissolved or withdrawn limited
MAILING ADDRESS:	STREET ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

P.O. Box 6327

Tallahassee, FL 32314

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ns of section 605.0145, Florida S	tatutes, the undersigned,		
United States Corporation Agents, Inc hereby resignation.		ins as		
	Name of Registered Agent	. Hereby resig	5116 He	
Registered Agent for C	TAW CONSULTING, LLC			
	Name of Limited Liability	Company		
L14000145369				
Document No	imber, if known			
A copy of this resignation	on was mailed to the above listed	limited liability company at i	ts last known address.	
The agency is terminate	d and the office discontinued on	the 31st day after the date on	which this statement is file	d.
	(M			
	Signature o	Resigning Agent	5	
It signing on behalf of an entity:			- ¬	
	Cheyenne Moseley		20	
	Typed or Printe			
	Asst. Secretary for United State	s Corporation Agents, Inc.	•	
	Capacity		ှ ် ယ်	
	CH IAZZ DDDA			
	\$ 25.00 Administ	nited liability company ratively dissolved/voluntaril vn limited liability company	y dissolved/	

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314