## 45000 32148

(R	equestor's Name)	_
(A	ddress)	
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(C	ity/State/Zip/Phone	ə #)
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Nan	ne)
(D	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Filing Officer:		
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SECRETARY OF STATE

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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Dark Tower Consulting, LLC
Name of Limited Liability Company
DOCUMENT NUMBER: L15000032148
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
101 North Brand Blvd. 11th Floor
Address
Glendale, CA 91203
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:
Janna Pantoja 800 773-0888 x3950
Name of Person 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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: STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

INHS17 (2/14)

P.O. Box 6327

Registration Section
Division of Corporations

Tallahassee, FL 32314

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

Pursuant to the provision	ns of section 605.0115. Florida Statutes	, the undersigned.	
United States Corp	oration Agents, Inc.	, hereby resigns as	
	Name of Registered Agent	C	
Registered Agent for D	ark Tower Consulting, LLC	<u> </u>	
	Name of Limited Liability Compar	ny .	
L15000032148			
Document No	umber, if known		
A copy of this resignation	on was mailed to the above listed limite	d liability company at its last known address.	
The agency is terminate	ed and the office discontinued on the 31s	st day after the date on which this statement is filed	1.
	Signature of Resign	Jing Agent	
If signing on behalf of a	an entity:		
	Cheyenne Moseley		
	Typed or Printed Name		
	Asst. Secretary for United States Corp	oration Agents, Inc.	
	Capacity		

Make checks payable to Florida Department of State and mail to: **Division of Corporations** 

FILING FEES:
\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

P.O. Box 6327 Tallahassee, FL 32314