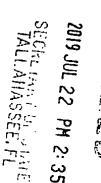
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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: FRACTIONAL TECHNOLOGY SOLUTIONS, LLC
Name of Limited Liability Company
DOCUMENT NUMBER: L15000049597
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:
Kasandra Lund at (1800) 773-0888 x3951
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisi	ons of section 605.01	15. Florida Statutes, the under	signed.
United States Corporation Agents, Inc. Name of Registered Agent			, hereby resigns as
Registered Agent for _	FRACTIONAL TEC	THNOLOGY SOLUTIONS, L	LC
	Name of Lin	nited Liability Company	<u> </u>
1.15000049597			
Document N	lumber, if known		
A copy of this resignat	ion was mailed to the	above listed limited liability	company at its last known address.
The agency is terminate	ed and the office discor	Nignature of Resigning Agent	date on which this statement is filed.
If signing on behalf of	an entity:		
	Cheyenne Mose	eley	
	7	Typed or Printed Name	
	Asst. Secretary for U	United States Corporation Agen	
	FILING	Capacity FEES:	2019 JUL 22 SECRETALIANAS
	\$ 85.00 \$ 25.00	Active limited liability com Administratively dissolv withdrawn limited liabilit	ed/voluntarily dissolved/ 2 17

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