15000157476

(Requ	iestor's Name)	
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(City/:	State/Zip/Phone #	f)
PICK-UP	MAIT	MAIL
· (Due)		<u> </u>
(Busi	ness Entity Name	:)
•		
(Doci	ument Number)	
Certified Copies	Certificates of	of Status
Special Instructions to Fi	ling Officer:	

Office Use Only



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09/13/18--01013--018 **25.00

COVER LETTER

SUBJECT: Yusko Consulting LLC.		
Name	of Limited Liability Company	
DOCUMENT NUMBER: L150001574	476	
The enclosed Resignation of Registered a for filing.	Agent for a Limited Liability Company and fee are submitted	
Please return all correspondence concern	ing this matter to the following:	
United States Corporation Agents, In	nc.	
Name of Person		
Legalzoom.com, Inc.		
Name of Firm/Company		
9900 Spectrum Dr.		
Address	-	
Austin, TX 78717		
City/State and Zip Code		
	·	
E-mail address: (to be used for future annu;	it report notification)	
For further information concerning this n	natter, please call:	
Janna Pantoja	1 800 773-0888 x3950	
Name of Person	at (1 800) 773-0888 x3950 Area Code Daytime Telephone Number	
Enclosed is a check made payable to the liability company or \$25.00 for an admin liability company.	Florida Department of State for \$85.00 for an active limited distratively dissolved, voluntarily dissolved or withdrawn limited	
MAILING ADDRESS:	STREET ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
P.O. Box 6327	Clifton Building	

2661 Executive Center Circle

Tallahassee, FL 32301

INHS17 (2/14)

Tallahassee, FL 32314

TO: Registration Section Division of Corporations

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ns of section 605.0115. Florida Sta	tutes, the undersigned,	
United States Corp	oration Agents, Inc.	, hereby resigns as	
	Name of Registered Agent	. Here's realignalis	
Registered Agent for $\frac{Y^{I}}{Y^{I}}$	usko Consulting LLC.		
	Name of Limited Liability Co	ompany	
L15000157476			
Document Nu	imber, if known		
A copy of this resignation	on was mailed to the above listed li	mited liability company at its last known address.	
The agency is terminate	d and the office discontinued on the	e 31st day after the date on which this statement is file	d.
	Signature of R	tesigning Agent	
If signing on behalf of a	n entity:		
Cheyenne Moseley			
	Typed or Printed 3	Nume	
	Asst. Secretary for United States (Corporation Agents, Inc.	
	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