115000/67023

| (Re | questor's Name) | |
|-------------------------|-------------------|-----------------|
| (Ad | dress) | |
| (Ad | dress) | |
| (Cit | y/State/Zip/Phone | ; #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nan | ne) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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| | | |

Office Use Only



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2019 SEP 23 PH 2: 01

667 0 9 **2019** .

COVER LETTER

Think Solutions LLC Name of Limited Liability Company DOCUMENT NUMBER: L15000167023 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 Name of Person

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited

MAILING ADDRESS:

liability company.

TO: Registration Section

Division of Corporations

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 provisio | ns of section 605.0115 | 5, Florida Statutes, the under | signed. | |
|--|--|--|---------------------------|-----------------------------|
| United States Corporation Agents, Inc. Name of Registered Agent | | c | hereby resigns as | |
| | | 11 | | |
| Registered Agent for T | hink Solutions LLC | <u> </u> | | |
| | Name of Lim | ited Liability Company | | |
| L15000167023 | | | | |
| Document Nu | imber, if known | | | |
| A copy of this resignation | on was mailed to the a | bove listed limited liability c | ompany at its last know | n address. |
| | | Signature of Resigning Agent | the date on which this st | tatement is filed. |
| If signing on behalf of a | n entity: | | | - |
| | Cheyenne Moseley | | | 2019 TÀ |
| | Typed or Printed Name Asst. Secretary for United States Corporation Agents, Inc. | | ents, Inc. | 9 SEP 23 PI |
| | | Capacity | | #7:16 2019 SEP 23 PH 2:0 |
| | FILING \$ 85.00 \$ 25.00 | FEES: Active limited liability cor Administratively dissolved withdrawn limited liabilit | d/ voluntarily dissolved/ | |

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