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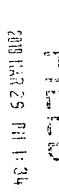
(Requestor's Name)					
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COVER LETTER

SUBJECT: Power & Knowledge Solut			
	of Limited Liabilit	y Company	
DOCUMENT NUMBER: L150001768	303		
The enclosed Resignation of Registered A for filing.	Agent for a Limite	d Liability Company and	I fee are submitted
Please return all correspondence concern	ing this matter to	the following:	
United States Corporation Agents, In	C.		
Name of Person		_	
Legalzoom.com, Inc.			
Name of Firm/Company	.	_	
9900 Spectrum Dr.			
Address		_	
Austin, TX 78717			
City/State and Zip Code	P to L	_	
E-mail address: (to be used for future annua	l report notification)	_	مديري در
For further information concerning this m	natter, please call:		71
Janna Pantoja	1 800 at (773-0888 x3950	
Name of Person	Area Code	 Daytime Telephone Nur 	mber 🔑 🖛

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

TO:

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

INHS17 (2/14)

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ons of section 605.0115. Florida Statutes, the un	dersigned,			
United States Corporation Agents, Inc hereby resigns as					
Registered Agent for _	Power & Knowledge Solutions, LLC				
	Name of Limited Liability Company	<u> </u>		 -	•
L15000176803					
Document N	umber, if known				
A copy of this resignati	on was mailed to the above listed limited liabili	ty company at its last ¹	known ade	dress.	
The agency is terminate	ed and the office discontinued on the 31st day at		this staten	nent is	filed.
If signing on behalf of an entity:				<u></u>	
Cheyenne Moseley			÷.	5. 20 (S)	
	Typed or Printed Name			سدا	•
	Asst. Secretary for United States Corporation	Agents, Inc.	-i ***		111
	Capacity		· · · · · · · · · · · · · · · · · · ·	:: (:: :\$	
	FILING FEES: \$ 85.00 Active limited liability \$ 25.00 Administratively dissol withdrawn limited liab	lved/ voluntarily disso	olved/		

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