h16000079698

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TO:	Registration Section Division of Corporations	ÿ
CHD	AU CONSULTANT GROUP, LLC Name of Limited Liability	
SOBI	Name of Limited Liability	Company
DOC	UMENT NUMBER: L16000079698	
The e for fil	nclosed Resignation of Registered Agent for a Limited ing.	Liability Company and fee are submitted
Please	e return all correspondence concerning this matter to th	e following:
Unite	ed States Corporation Agents, Inc.	
	Name of Person	
Lega	ilzoom.com, Inc.	
	Name of Firm/Company	
9900	Spectrum Dr.	
	Address	
Aust	in, TX 78717	
	City/State and Zip Code	
rares	signations@legalzoom.com	
E	-mail address: (to be used for future annual report notification)	
For fi	urther information concerning this matter, please call:	
	800	773-0888
	Name of Person at (Area Code	Daytime Telephone Number
Enclo liabili liabili	sed is a check made payable to the Florida Departmentity company or \$25.00 for an administratively dissolved ity company.	of State for \$85.00 for an active limited d, voluntarily dissolved or withdrawn limite

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 provision	ons of section 605.0115, Florida Statutes, the unders	signed.	
United States Corp	hereby resigns as		
	Name of Registered Agent	icteby resigns as	
Registered Agent for	AU CONSULTANT GROUP, LLC		
	Name of Limited Liability Company		<u></u> .
L16000079698			
Document N	umber, if known		
A copy of this resignati	on was mailed to the above listed limited liability c	ompany at its last known addre	ess.
The agency is terminate	ed and the office discontinued on the 31st day after Signature of Resigning Agent		
If signing on behalf of an entity: Cheyenne Moseley		AL A) } - ===================================
		SEUNE DAN TALLAHA	
	Typed or Printed Name	S C	
	Asst. Secretary for United States Corporation Age	nts, Inc. 음을 글	III
	Capacity	nts, Inc. See	

FILING FEES:

\$ 85.00

Active limited liability company
Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company \$ 25.00

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