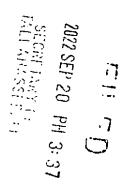
## L16 000 13454

(Requestor's N	lame)
(Address)	
(Address)	
(City/State/Zip	Phone #)
PICK-UP WA	_
(Business Enti	ty Name)
(Document Nu	mber)
Certified Copies Certi	ficates of Status
Special Instructions to Filing Office	er:
J.	HORNE C 27 2022
Office U	se Only



000393728000

09/20/22--01008--022 \*\*25.00



## COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: White	e Lotus Counseling, l	LC .
	Name of Limited Liability	Company
DOCUMENT NUM	BER: L16000134544	
The enclosed Resignation filing.	tion of Registered Agent for a Limited	I Liability Company and fee are submitted
Please return all corre	spondence concerning this matter to the	ne following:
United States Corp	oration Agents, Inc.	
	Name of Person	
Legalzoom.com, In	<b>3</b> .	
Na	ne of Firm/Company	-
9900 Spectrum Dr.		
	Address	•
Austin, TX 78717		
Cit	y/State and Zip Code	-
raresignations@leg	alzoom.com	
E-mail address: (to b	e used for future annual report notification)	-
For further information	n concerning this matter, please call:	
	800 at (	773-0888
Name	of Person Area Code	Daytime Telephone Number
Enclosed is a check m liability company or \$ liability company.	ade payable to the Florida Departmen 25.00 for an administratively dissolve	t of State for \$85.00 for an active limited d, voluntarily dissolved or withdrawn limited

MAILING ADDRE\$S:

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	ns of section 605.0115	, Florida Statutes, the unde	rsigned,	2022 SEP 20 SECRETARIA
United States Corpo	oration Agents, Inc	<b>C</b> .	, hereby resigns as	2SE
	Name of Registered Agen		, hereby resigns as	P2
Registered Agent for W	hite Lotus Counse	eling, LLC	_	55.50 
				۔۔ س
,	Name of Limi	ted Liability Company		37
L16000134544				
Document Nu	mber, if known	<u> </u>		
A copy of this resignation	n was mailed to the al	pove listed limited liability	company at its last kno	wn address.
The agency is terminated	and the office discor	ntinued on the 31st day after	r the date on which this	statement is filed.
		Signature of Resigning Agent		
If signing on behalf of ar	entity:			
	Cheyenne Mosel	ey		
	Ту	ped or Printed Name	<u></u>	
	Asst. Secretary for U	nited States Corporation Ag	ents, Inc.	
		Capacity		
	FILING 1 \$ 85.00 \$ 25.00	FEES: Active limited liability co Administratively dissolve withdrawn limited liabili	ompany ed/ voluntarily dissolve ty company	ed/
	Make checks payabl	le to Florida Department of S Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	State and mail to:	

INHS17 (2/14)