# 2/600/43474

(	Requestor's Name)	
	Address)	
(	Address)	<del></del>
	City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
	Business Entity Name)	
	(Document Number)	
Certified Copies	Certificates of S	Status
Special Instructions	to Filing Officer:	
·		

Office Use Only



200317723512

09/04/18--01030--023 \*\*25.00

SECRETARY DE STATE

JL31.18

### **COVER LETTER**

Division of Corporations SUBJECT: Rowland Consulting, LLC Name of Limited Liability Company DOCUMENT NUMBER: L15000209176 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: Janna Pantoja 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 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited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.

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

TO:

Registration Section

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provi	sions of section 605.0115. Florida Statutes, the unders	signed.		
United States Corporation Agents Inc				
		, hereby resigns as		
Registered Agent for	Rowland Consulting, LLC			
	Name of Limited Liability Company			
L16000143474				
Document	Number, if known			
	ation was mailed to the above listed limited liability ed			
The agency is termina	ited and the office discontinued on the 31st day after t	he date on which this staten	nent is	filed.
	Signature of Resigning Agent	SECR TAL	2018 SEP -4	****
If signing on behalf of an entity:		₩ L¥	EP	
Cheyenne Moseley		LAHAS	÷	
	Typed or Printed Name		2	m
	Asst. Secretary for United States Corporation Agen	its, Inc.	PM 1: 2	
	Capacity		2	

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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