L16000178035

(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)			
(Cit	y/State/Zip/Phone	→ #)		
PICK-UP	☐ WAIT	MAIL		
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Altman Research LLC
Name of Limited Liability Company
DOCUMENT NUMBER: L16000178035
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:
at (
Name of Person Area Code Daytime Telephone Number

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 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 provisions of section 605.0115, Florida Statutes, the undersigned,			<u>المنابع</u> وتتاع	
United States Corporation Agents, Inc hereby resigns as		hereby resions as		
		, nereoy resigns as	1	
Registered Agent for $\frac{A}{2}$	Altman Research LLC		<u> </u>	
			-	
	Name of Limited Liability Company		<u>.</u>	
L16000178035				
Document N	umber, if known			
A copy of this resignati	ion was mailed to the above listed limited l	liability company at its last know	n address.	
The agency is terminate	ed and the office discontinued on the 31st of Signature of Resigning		atement is filed.	
If signing on behalf of	an entity:			
	Cheyenne Moseley			
	Typed or Printed Name			
	Asst. Secretary for United States Corpora	ation Agents, Inc.		
	Capacity			

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

FILING FEES:
\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company