# L17000040753

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Only) State/Zip/(Tione #)
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JQ 10/31/20

#### **COVER LETTER**

	Registration Section Division of Corporations		
SUBJEC	CT: SOL STRATEGIC PARTNE	RS, LLC	
			Company
DOCUM	MENT NUMBER: L1700004075	3 - <del></del>	
The enct		ent for a Limited	Liability Company and fee are submitted
Please re	eturn all correspondence concerning	this matter to th	ne following:
United	States Corporation Agents, Inc.		
	Name of Person		
LegalZo	oom.com, Inc.		
	Name of Firm/Company		
101 No	rth Brand Blvd. 11th Floor		
	Address	-	
Glenda	le, CA 91203		
	City/State and Zip Code		
raresigr	nations@legalzoom.com		
E-ma	ail address: (to be used for future annual re	port notification)	
For furth	ner information concerning this mat	ter, please call:	
Joyce Y	⁄i	800	773-0888 x7789  Daytime Telephone Number
	Name of Person	Area Code	Daytime Telephone Number

#### 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	gned.	
United States Corp	iereby resigns as		
	Name of Registered Agent		
Registered Agent for	SOL STRATEGIC PARTNERS, LLC		_
	Name of Limited Liability Company		_,
L17000040753			
Document N	umber, if known		
	on was mailed to the above listed limited liability cored and the office discontinued on the 31st day after to the Signature of Resigning Agent		
If signing on behalf of a	nn entity:	2020 **********************************	
	Cheyenne Moseley	2020 SEP 28 SCORETARY TALLAHA	( ا
	Typed or Printed Name		क्षा स्थापन स्थापन
	Asst. Secretary for United States Corporation Ager	ats, Inc. ເຄື່	(100)
	Capacity	PMI2: 27 GF SIMIE SEELFL	Ö

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company