# 1170000 56864

(Requestor's Name)				
(Address)				
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### **COVER LETTER**

TO:	Registration Section Division of Corporations		
SUBJ	EXPERT Witness LLC		
	Traine of the	ited Liability	Company
DOC	JMENT NUMBER: L17000056864		
The er for fili	nclosed Resignation of Registered Agent (	or a Limited	Liability Company and fee are submitted
Please	return all correspondence concerning this	matter to th	e following:
Unite	d States Corporation Agents, Inc.		
	Name of Person		
Lega	zoom.com, Inc.		
	Name of Firm/Company		
101 N	North Brand Blvd. 11th Floor		
	Address		
Glend	dale, CA 91203		
	City/State and Zip Code		
rares	ignations@legalzoom.com		
E	mail address: (to be used for future annual report	notification)	
For fu	rther information concerning this matter.	olease call:	
Kasa	ndra Lund Name of Person at	, 800	773-0888 x3951
	Name of Person	Area Code	Daytime Telephone Number

#### MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Faliahassee, F1, 32314

#### STREET ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Fallahassee, FL 32301

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

Pursuant to the provis	sions of section 605.0115, Florida Statutes, the unders	gned.	
United States Co	rporation Agents, Inc.	_ hereby resigns as	
	Name of Registered Agent		
Registered Agent for	Expert Witness LLC		
	Nurse of Fimited Liability Company		
L17000056864			
Document	Number, if known		
A copy of this resigna	ation was mailed to the above listed fimited liability co	ompany at its last known address.	
The agency is terminate	ated and the office discontinued on the 31st day after t	he date on which this statement is li	iled.
	Tename of Resigning Agent	2959 0	
If signing on behalf o	of an entity:	.\\\\	
	Cheyenne Moseley		
	Typed or Printed Name	[72 	
	Asst. Secretary for United States Corporation Age		. 2
	Capacity	-2	

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

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