L17000061603

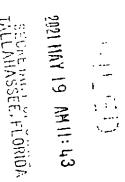
(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	-
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	





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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: QMEETUP, LLC	e of Limited Liability Company
DOCUMENT NUMBER: L170000616	
The enclosed Resignation of Registered a for filing.	Agent for a Limited Liability Company and fee are submitted
Please return all correspondence concern	ning this matter to the following:
Kristie Tolliver Name of Person	
COGENCY GLOBAL INC. Name of Firm/Company	,
850 New Burton Rd., Suite 201 Address	
Dover, DE 19904 City/State and Zip Code	<u>;</u>
E-mail address: (to be used for future annua	al report notification)
For further information concerning this r	natter, please call:
Invoices Team Name of Person	at (<u>866</u>) <u>621-3524</u> Area Code Daytime Telephone Number
Enclosed is a check made payable to the liability company or \$25.00 for an admin liability company.	Florida Department of State for \$85.00 for an active limited nistratively dissolved, voluntarily dissolved or withdrawn limited
MAILING ADDRESS: Registration Section	STREET ADDRESS: Registration Section

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provis	ions of section 605.0115. Florida Statutes,	the undersigned,			
COGENCY GLOS	BAL, INC.	, hereby resigns as			
	Name of Registered Agent	, nereoy resigns as			
Registered Agent for	QMEETUP, LLC				_
	Name of Limited Liability Company	·			<u>_</u> ·
L17000061603		·			
Document	Number, if known				
	tion was mailed to the above listed limited ted and the office discontinued on the 31st Kristie To Signature of Resignin	day after the date on which			
If signing on behalf of	•		TALLAH	2021 HAY	•
	Kristie Tolliver		AS E	<u> </u>	
	Assistant Secretary, COGENCY Capacity	Y GLOBAL INC.	RY OF STATE SEEL FLORIDA	9 AMII: 43	

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

Active limited liability company Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

FILING FEES:

\$ 85.00 \$ 25.00