117000082152

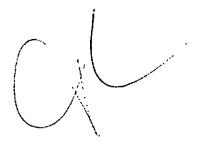
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
(Document Number) Certified Copies Certificates of Status				

Office Use Only



400409380254

05/31/23- 01027--003 **25.00



COVER LETTER

POWERCORE SERVICES LLC SUBJECT: Name of Limited Liability Company L17000082152 DOCUMENT NUMBER:_ 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: DEMPSEY BASHAM Name of Person :-? NA Name of Firm/Company 1000 W HORATIO ST # 203 Address **TAMPA, FL 33606** City/State and Zip Code debeasy@outlook.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

DEMPSEY BASHAM

Street Address:

Area Code Daytime Telephone Number

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

TO:

Registration Section Division of Corporations

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ns of section 605.0115.	Florida Statutes, the undersigned,		
DEMPSEY BASHAM		, hereby resign	, hereby resigns as	
	Name of Registered Agent			
Registered Agent forPOWERCORE SERVICES LLC				
	Name of Limite	rd Liability Company	•	
L17	000082152			
Document Nu	mber, if known	<u> </u>		
		ove listed limited liability company at its		
The agency is terminated	1	inued on the 31st day after the date on what will be signature of Resigning Agent	nich this statement is filed	
If signing on behalf of an entity:			ź	
	NA			
	Тур	ed or Printed Name		
	NA			
		Capacity		

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