

L17 000 1176 FS

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

(Business Entity Name)

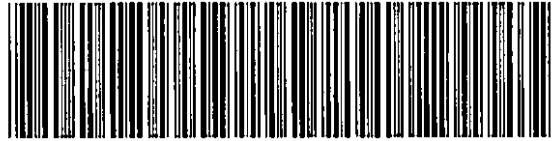
(Document Number)

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2018 JUL 30 AM 10:00
CLERK OF STATE
TALLAHASSEE, FL 32301

FILED

M. MILLIGAN
AUG 07 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 26, 2018

KASANDRA LUND
LEGALZOOM.COM INC
9900 SPECTRUM DR
AUSTIN, TX 78717

SUBJECT: WORK ETHIC BENEFITS SOLUTIONS, LLC
Ref. Number: L17000117685

We have received your document for WORK ETHIC BENEFITS SOLUTIONS, LLC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Resigning agent must sign.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris
Regulatory Specialist II

Letter Number: 618A00013253

RECEIVED
2018 JUL 30 AM 11:21
DEPARTMENT
OF CORPORATIONS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WORK ETHIC BENEFITS SOLUTIONS, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L17000117685

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:

Kasandra Lund

Name of Person

Legalzoom.com, Inc.

Name of Firm/Company

9900 Spectrum Dr.

Address

Austin, TX 78717

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kasandra Lund

at (1 800) 773-0888 x 3951

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

United States Corporation Agents, Inc. (USCA), hereby resigns as

Name of Registered Agent

Registered Agent for WORK ETHIC BENEFITS SOLUTIONS, LLC

Name of Limited Liability Company

L17000117685

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.



Signature of Resigning Agent

If signing on behalf of an entity:

Cheyenne Moseley

Typed or Printed Name

Assistant Secretary for USCA

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

2018 JUL 30 AM 10:00
SECRETARY OF STATE
TALLAHASSEE, FL 32314

FILED