## L17000119480

(Requestor's Name)
(Āddress)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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**EXAMINER** 

## FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 11-01-18

NAME:

UNION TECH PROFESSIONAL LLC

TYPE OF FILING: REGISTERED AGENT RESIGNATION

COST:

25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

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

Pursuant to the provision	ns of section 605.0115, I	Torida Statutes, the unde	ersigned,			
FLORIDA FILING & SEARCH SERVICES, INC.		_ , hereby resigns as				
Name of Registered Agent						
Registered Agent for U	NION TECH PROF	ESSIONAL LLC	<del>-</del>			
	Name of Limited	Liability Company				
L17000119480						
Document Nu	unber, if known	_				
A copy of this resignation	on was mailed to the abo	ve listed limited liability	company at its last l	known ad	dress.	
The agency is terminated	d and the office disconti	nued on the 31st day afte	er the date on which	this state	ment is	filed.
		ignature of Resigning Agent	15e-			
If signing on behalf of a		.ee		251 LA	2018 NOV - I	
	ABBIE HODGE			HA.	YO	• • • •
	Туре	d or Printed Name		557		1
	SECRETARY			E 6	<b>*</b>	TT.
		Capacity		SIAIE LORUDA	AH 8: 51	
	\$ 25.00	EES: Active limited liability c Administratively dissolv withdrawn limited liabil	ed/voluntarily disso	olved/		

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