# L17000123465

(Re	questor's Name)		
(Ad	dress)		
(Ad	dress)		
(Cit	y/State/Zip/Phone #	f)	
PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Name	)	
(Document Number)			
Certified Copies	_ Certificates o	f Status	
Special Instructions to Filing Officer:			

Office Use Only



600382727816

09/11/22--01012--001 ++25.00



O SIMMONS MAR 22 2022

#### **COVER LETTER**

SUBJECT:	
Name of Limited Liability	Company
DOCUMENT NUMBER: L17000123465	
The enclosed Resignation of Registered Agent for a Limited for filing.	I Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	ne following:
United States Corporation Agents, Inc.	
Name of Person	-
Legalzoom.com, Inc.	
Name of Firm/Company	-
9900 Spectrum Dr.	
Address	
Austin, TX 78717	
City/State and Zip Code	
raresignations@legalzoom.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
800	773-0888
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

TO:

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

INHS17 (2/14)

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

Pursuant to the provis	ions of section 605.0115, Florida Statutes, the u	indersigned,	
United States Corporation Agents, Inc.		, hereby resigns as	202218.2
Name of Registered Agent			
Registered Agent for Threadfin Consulting, LLC			- <del>11</del>
	Name of Limited Liability Company		
L17000123465			<u></u>
Document	Number, if known		
	ation was mailed to the above listed limited liabi		
	Signature of Resigning Ag	ent	
If signing on behalf o	fan entity:		
	Cheyenne Moseley		
	Typed or Printed Name		
	Asst. Secretary for United States Corporation	n Agents, Inc.	
	Capacity	<del></del>	

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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