L17000143180

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Division of Corporations	
SUBJECT: FINAKEY, LLC	
Name of Limited Liability	Company
DOCUMENT NUMBER: L17000143180	
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	e 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:	
at (<u>800</u>	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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provis	tions of section 605.0115, Florida Statutes, the undersig	gned,			
United States Co	ereby resigns a	ıc			
Name of Registered Agent , thereby rest					
Registered Agent for	FINAKEY, LLC				_
	Name of Limited Liability Company				_,
L17000143180					
Document	Number, if known				
A copy of this resigna	ation was mailed to the above listed limited liability cor	npany at its las	st knowi	n address.	
The agency is termina	ited and the office discontinued on the 31st day after th	e date on whic	h this st	atement i	s tiled
	Signature of Resigning Agent			2023 007 31	-
If signing on behalf of	fan entity:			<u>ယ်</u>	
	Cheyenne Moseley				
	Typed or Printed Name		<u>.</u>		
	Asst. Secretary for United States Corporation Agents	s, Inc.	•	\sim	
	Capacity			ထ	

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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