17000157517

(Requestor's Name)
(Address)
(Address)
,
(City/State/Zip/Phone #)
(Oity/State/Zip/Filone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

Division of Corporations			
SUBJECT: Bourdon Quality Solutions.	LLC		
Name	of Limited Liability	Company	
DOCUMENT NUMBER: L170001575	17		
The enclosed Resignation of Registered A for filing.	gent for a Limited	Liability Company and fee are submitted	
Please return all correspondence concerni	ng this matter to th	e following:	
United States Corporation Agents, Inc	3 .		
Name of Person			
Legalzoom.com. Inc.			
Name of Firm/Company	· · · · · · · · · · · · · · · · · · ·		
101 North Brand Blvd. 11th Floor			
Address			
Glendale. CA 91203			
City/State and Zip Code			
raresignations@legalzoom.com			
E-mail address: (to be used for future annua	report notification)		
For further information concerning this m	natter, please call:		
Janna Pantoja	800	773-0888 x3950 Daytime Telephone Number	
Name of Person	Area Code	Daytime Telephone Number	
Enclosed is a check made payable to the liability company or \$25.00 for an admin liability company.	Florida Departmen istratively dissolve	t of State for \$85.00 for an active limited d. voluntarily dissolved or withdrawn limite	
MAILING ADDRESS:	STREI	ET ADDRESS:	
Registration Section	~	Registration Section	
Division of Corporations		Division of Corporations	
P.O. Box 6327	Clifton Building 2661 Executive Center Circle		
Tallahassee, FL 32314	2001 P	ACCURATE CHOIC	

Tallahassee, FL 32301

TO: Registration Section

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ons of section 605.0115, Florida Statutes, the unc	dersigned.	
United States Corp	poration Agents, Inc.	_ , hereby resigns as	
	Name of Registered Agent	Hereby redigital tis	
Registered Agent for E	Bourdon Quality Solutions, LLC		
•	Name of Limited Liability Company		
L17000157517			
Document 8	Sumber, if known		
A copy of this resignat	ion was mailed to the above listed limited liabilit	y company at its last known address.	
The agency is terminat	ed and the office discontinued on the 31st day af		filed.
If signing on behalf of	an entity:	2020 AUG 24 SLORETAR SALLAH	
	Cheyenne Moseley	AR AHA	**************************************
	Typed or Printed Name		M
	Asst. Secretary for United States Corporation A	Agents Inc	
	Capacity	STATE STATE	

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