L17000171732

(Requestor's Name)	
(Address)	
(Address)	
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PICK-UP WAIT	MAIL
(Business Entity Name)	_
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COVER LETTER

TO: Registration Section Division of Corporations		·
Proudly Tech LLC SUBJECT:		
Name of I	Cimited Liability	Company
DOCUMENT NUMBER: L17000171732	? 	
The enclosed Resignation of Registered Ages for filing.	nt for a Limited	Liability Company and fee are submitted
Please return all correspondence concerning	this matter to th	e following:
John Andrews		
Name of Person		
Name of Firm/Company		
197 Admirals Way South		
Address		
Ponte Vedra Beach, Florida 32082		
City/State and Zip Code		
jandrews0123@gmail.com		
E-mail address: (to be used for future annual rep	ort notification)	
For further information concerning this matter	er, please call:	
John Andrews	904 at (6570028
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

· TO:

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	s of section 605.0115, Florida Statutes, the undersigned,	
Vicki R. Andrews	, hereby re	esiens as
	Name of Registered Agent	
Registered Agent for Pro	oudly Tech LLC	
	Name of Limited Liability Company	
L17000171732		
Document Nur	nber, it known	
A copy of this resignation	n was mailed to the above listed limited liability company a	at its last known address.
The agency is terminated	and the office discontinued on the 31st day after the date of	on which this statement is filed
	Signalure of Resigning Agent	17 DEC
If signing on behalf of an	entity:	C18
	Typed or Printed Name	FILED 18 PH 3: 27 Archiologio Archiologio
	Capacity	¥

FILING FEES: \$ 85.00 Active \$ 25.00 Admi Active limited liability company
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withdrawn limited liability company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