

(Requestor's Name)				
(Address)				
(Address)				
(Addiess)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
(Boddment Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
<u></u>				

Office Use Only



400337335734

11/25/18-401038-403 (\*\*2.00)

2019 HT : 25 PH 2: 24

4

R. WHITE

JAN 0 6 2020

## **COVER LETTER**

SUBJECT: Deniztech solutions, LLC	
Traine (	of Limited Liability Company
DOCUMENT NUMBER: L1700018198	31
The enclosed Resignation of Registered Agfor filing.	gent for a Limited Liability Company and fee are submitted
Please return all correspondence concerning	ng this matter to the following:
United States Corporation Agents, Inc	
Name of Person	<del></del>
Legalzoom.com, Inc.	
Name of Firm/Company	<del></del>
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 annual r	report notification)
For further information concerning this ma	itter, please call:
Kasandra Lund	1 800 773-0888 x3951
Name of Person	at ( 1 800 ) 773-0888 x3951 Area Code Daytime Telephone Number
Enclosed is a check made payable to the Fl liability company or \$25.00 for an administiability company.	orida Department of State for \$85.00 for an active limited tratively dissolved, voluntarily dissolved or withdrawn limited
MAILING ADDRESS:	STREET ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

P.O. Box 6327

Tallahassee, FL 32314

**TO:** Registration Section Division of Corporations

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

Pursuant to the provisions	s of section 605.011:	5, Florida Statutes, the undersi	gned.		
Name of Registered Agent		C. <sub>I</sub> .	hereby resigns as		
		nt			
Registered Agent for De	niztechsolutions	, LLC			_
	Name of Lim	ited Liability Company	•		_
L17000181981					
Document Nur	nber, if known				
A copy of this resignation	n was mailed to the a	bove listed limited liability co	ompany at its last known	address	i.
The agency is terminated	and the office disco	ntinued on the 31st day after the Signature of Resigning Agent	he date on which this stat	tement	is filed.
If signing on behalf of an	entity:			20	
	Cheyenne Mose	ley		2019 RCT	
-	17.	yped or Printed Name		. :	
- -	Asst. Secretary for U	Inited States Corporation Agen	its, Inc.	25	
		Capacity			
				$\ddot{\sim}$	أريبير
	FILING	FEES:	•	24	
	\$ 85.00 \$ 25.00	Active limited liability com Administratively dissolved withdrawn limited liability	ipany / voluntarily dissolved/ · company		

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