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(Re	equestor's Name)		
(Ad	dress)		
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(Cit	ty/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
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(Document Number)			
Certified Copies	_ Certificates	s of Status	
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2019 AUG 12 P IF 3
SEGRETARY OF STATE

AUG 1 0 2018 T. LEMIEUX

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of sec	tion 605.0115, Florida Statutes,	the undersigned,
UNIVERSAL REGISTERED AGENTS, INC. Name of Registered Agent		, hereby resigns as
		Hereby resigns as
Registered Agent for PW CON	ISULTING SERVICES LLC	2
	Name of Limited Liability Company	
L17000232332		
Document Number, if kr	own	
A copy of this resignation was m	ailed to the above listed limited	liability company at its last known address.
The agency is terminated and the	Office discontinued on the 31st Signature of Resignin	day after the date on which this statement is filed
If signing on behalf of an entity:		
Kent F	Rockwell	
	Typed or Printed Name	
CEO		28 28 28 28 28 28 28 28 28 28 28 28 28 2
	Capacity	TILE 2019 AUG 12 I
	FILING FEES:	·
	\$ 85.00 Active limited lia \$ 25.00 Administratively withdrawn limite	ability company dissolved/ voluntarily dissolved/ ed liability company

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

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