118000053386

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| (0.0), 2.0.0, 2.10,, |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| |
| (Dagumant Number) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



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COVER LETTER

| DAZESTENT MILLIONS - F. CONON | **** | |
|--|--------------------------|---------------------------------|
| DOCUMENT NUMBER: <u>L1800005</u> | 3386 | |
| The enclosed Resignation of Registered submitted for filing. | l Agent for a Limite | d Liability Company and fee are |
| Please return all correspondence concer | ning this matter to t | he following: |
| United States Corporation Agents, I | Inc. | |
| Name of Person | | _ |
| Legalzoom.com, Inc. | | |
| Name of Firm/Compar | ıy | |
| 101 North Brand Blvd. 11th Floor | | |
| Address | | _ |
| Glendale, CA 91203 | | |
| City/State and Zip Coo | le | _ |
| raresignations@legalzoom.com | | |
| E-mail address: (to be used for future ann | ual report notification) | - |
| For further information concerning this | matter, please call: | |
| Kasandra Lund | at (1 800 |) 773-0888 x3951 |
| Name of Person | | Daytime Telephone Number |

MAILING ADDRESS:

Registration Section

Division of Corporations

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

| | orporation Agents, Inc. | , hereby resigns as |
|----------------------|--|---------------------------------------|
| | Name of Registered Agent | |
| Registered Agent fo | or QHR PEST, TERMITE, AND WILDLIFE, LLC | |
| | Name of Limited Liability Company | · |
| L18000053386 | | 1 -2 |
| Docume | nt Number, if known | |
| | nt Number, if known and ination was mailed to the above listed limited liability | 2 |
| The agency is termin | nated and the office discontinued on the 31st day after the | date on which this statement is filed |
| | | • • • |
| | Signature of Resigning Agent | 10.08 |
| f signing on behalf | | 10:08 |
| | | 10:08 |
| | of an entity: | 10:08 |
| | of an entity: Cheyenne Moseley | |

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