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COVER LETTER

SUBJECT: Optimal Pain Solutions LLC			
Name of Limited Liability Company			
DOCUMENT NUMBER: L18000134994			
The enclosed Resignation of Registered Agent for a Limited Liability Company and fe for filing.	e are sub	mitted	i
Please return all correspondence concerning this matter to the following:			
United States Corporation Agents, Inc.			
Name of Person			
Legalzoom.com, Inc.			
Name of Firm/Company			
9900 Spectrum Dr.			
Address			
Austin, TX 78717			
City/State and Zip Code	~ '7	20	
raresignations@legalzoom.com	;	2022 HAY	أوالأاعه
E-mail address: (to be used for future annual report notification)	****	 (
For further information concerning this matter, please call:		<u> </u>	4
at (800 773-0888	•	=======================================	7.17 Tage
Name of Person Area Code Daytime Telephone Number	- -	6.3	

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

Registration Section Division of Corporations

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ons of section 605.011	Florida Statutes, the unders	signed.			
United States Corporation Agents, Inc.		nc.	, hereby resigns as			
	ent					
Registered Agent for	ptimal Pain Solut	tions LLC				
			- <u></u> .		,	
	Name of Lin	nited Liability Company				
L18000134994						
Document No	umber, if known					
A copy of this resignation	on was mailed to the a	above listed limited liability co	ompany at its last kr	nown ad	dress.	
The agency is terminate	d and the office disco	ontinued on the 31st day after (the date on which th	nis stater	nent is	filed.
		Signature of Resigning Agent				
If signing on behalf of a	n entity:					
	Cheyenne Mose	eley		ζ.: _η 1	202	
	1	yped or Printed Name			2022 HAY	د- ب <u>ا</u>
	Asst. Secretary for L	United States Corporation Ager	nts, Inc.			d j ne
		Capacity		:	5	
					===	, • 5
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability con Administratively dissolved withdrawn limited liability	npany / voluntarily dissol ^o	۰۰. ved/	22	

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