VOID

L18 000 141 757

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

900446317959

03/14/25--01003--029 **85.00

VOID

FILED
25 MAY 14 AM 9:36

THIS SHOULD NOT HAVE BEEN FILED BECAUSE JACQUELINE WAS NEVER THE REGISTERED AGENT.

05/14/25 dcc Sending a refund application.

VOID

VOID VOID

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

JACQUELINE WUDYKA , hereby resigns as
Name of Registered Agent

Registered Agent for CONSULT MIAMI, LLC

Name of Limited Liability Company

L18000141757
Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

Signature of Resigning Agent

If signing on behalf of an entity:

JACQUELINE WUDYKA
Typed or Printed Name

MGR
Capacity

VOID

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$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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

INHS17 (2/14)

VOID VOID

VOID

COVER LETTER

VOID

TO: Registration Section
Division of Corporations

SUBJECT: CONSULT MIAMI, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L18000141757 EIN# 83-0815765

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JACQUELINE WUDYKA
Name of Person

CONSULT MIAMI, LLC
Name of Firm/Company

125 NE 32ND STREET, #2320
Address

MIAMI, FL, 33137
City/State and Zip Code

MICHAEL.WUDYKA@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MICHAEL WUDYKA at (631) 375.4500
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$85.00 for an active limited liability company or $25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

INHS17 (2/14)

VOID

VOID