

VOID

L 18 000 141 757

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

(Document Number)

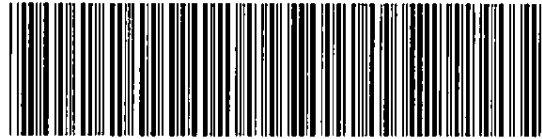
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

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

05/14/25 dcc Sending a refund application.



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25 MAR 14 PM 4:36

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**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

Name of Registered Agent

, hereby resigns as

Registered Agent for CONSULT MIAMI, LLC

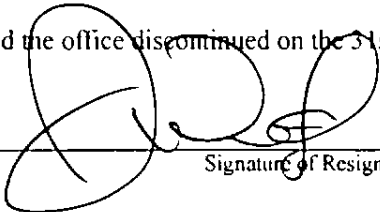
Name of Limited Liability Company

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
JAN 14 2019
11 41 36

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withdrawn limited liability company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)

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COVER LETTER

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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

Name of Person

at (631) 375.4500

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)

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