118000146029

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TO: Registration Section Division of Corporations		
Agmatic Solutions, LLC SUBJECT:		
Name o	of Limited Liability	Company
DOCUMENT NUMBER: L18000146029		
The enclosed Resignation of Registered A for filing.	gent for a Limited	d Liability Company and fee are submitted
Please return all correspondence concernir	ng this matter to tl	ne following:
Thomas J. Dobbins		
Name of Person		•
Trow & Dobbins, P.A.		
Name of Firm/Company	- -	•
1301 NE 14th Street		
Address		
Ocala, Ft. 34470		
City/State and Zip Code		
E-mail address: (to be used for future annual	report notification)	
For further information concerning this ma	atter, please call:	
Thomas J. Dobbins	352 at (369-8830
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the	provisions of section 605.0115.	Florida Statutes, the und	lersigned.			
Trow, Dobbins	& Pisani, P.A.		hereby resigns a:	s		
	Name of Registered Agent		_ recess resigns a	3		
Registered Age	nt for Agmatic Solutions, LLC					
		.11:19: 2				
	Name of Limite	ed Liability Company				
L18000146029						
Doe	eument Number, if known	_				
A copy of this r	esignation was mailed to the abo	ove listed limited liability	y company at its last	t known ac	ddress.	
The agency is to	erminated and the office disconti	inued on the 31st day aft	er the date on which	i this state	ment is	tiled.
		Signature of Resigning Agent				
If signing on be	half of an entity:					
	Thomas J. Dobbins				21	
	Турк President	ed or Printed Name			2020 HAY	-1
		Capacity			122	;
	FILING FI \$ 85.00 \$ 25.00	EES: Active limited liability c Administratively dissolv withdrawn limited liabil	ompany /ed/ voluntarily diss lity company	solved/	AM 8: 08	

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