L18000181965

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

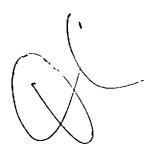
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COVER LETTER

Division of Corporations SUBJECT: LeeAnne Walker Consulting LLC Name of Limited Liability Company DOCUMENT NUMBER: L18000181965 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: 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 raresignations@legalzoom.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Name of Person

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

Daytime Telephone Number

TO:

Registration Section

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ns of section 605.0115, Florida Statutes, the under	signed,			
United States Corporation Agents, Inc.		hereby resigns as			
Name of Registered Agent		nercoy resigns as			
Registered Agent for Le	eeAnne Walker Consulting LLC				-
	Name of Limited Liability Company				_•
L18000181965					
Document Nu	umber, if known				
	on was mailed to the above listed limited liability of and the office discontinued on the 31st day after				
If signing on behalf of a	Signature of Resigning Agent	———	s state	2022 AUG 29	S IIICG.
in signing on behalf of a	•				-,
	Cheyenne Moseley	<u> </u>		PH	j 0 <u>d</u>
	Typed or Printed Name Asst. Secretary for United States Corporation Age	nte Inc		က က	
	Capacity			t-	

FILING FEES:

\$ 85.00 Active limited liability company
\$ 25.00 Administratively 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