## Florida Department State

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To:			7
10.	Division of Corporations	بہ .	~
	Fax Number : (850)617-6383		_
		٠,	7
From:		-	
	Account Name : THE LAW OFFICES OF NICK SPRADLIN PLLC	: -	• • •
	Account Number : 120070000020		<u>'</u> 'צ
	Phone : (813)435-3176		7
	Fax Number : (813)333-6358		

## LLC REGISTERED AGENT RESIGNATION EMERGENCY MITIGATION EXPERTS, LLC

Certificate of Status	0
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C. BRUMBLEY
APR 27 2022

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## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.011	15, Florida Statutes, the	undersigned,	
THE LAW OFFICES OF NICK SPRADLIN, P	LLC	, hereby resigns as	
Name of Registered Ag		•	
Registered Agent for EMERGENCY MITTIGA	TION EXPERTS, LLC		- <del></del> -
Name of Lir	nited Liability Company		<del>~</del>
	,,		
L18000182705			
Document Number, if known			
A copy of this resignation was mailed to the	above listed limited liab	bility company at its last known addres	i\$.
The agency is terminated and the office disco	ontinued on the 31st day	y after the date on which this statement	is filed.
Ath.			
-(4)	Signature of Resigning As	9	
If signing on behalf of an entity:			APP. 25
NICKOLAS J. SPRA	DLIN, ESQ.		AΡΙ
	yped or Printed Name		
CEO			5
	Capacity		5 000
		÷	1. 5 (C
FILING	Pres.	` <b>'</b>	
\$ 85.00 \$ 25.00	Active limited liabili	solved/voluntarily dissolved/	

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