118000 215 281

(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



800335474338

10/24/19--01020--011 **25.00

(4 to 2 to 3 to 3 to 4)

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: GROWTH AND STRATEGY INSIGHTS LLC Name of Limited Liability Company	
DOCUMENT NUMBER: L18000215281	
The enclosed Resignation of Registered Agent for a Limited Liability Company and fee assubmitted for filing.	æ
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	
101 North Brand Blvd. 11th Floor	
Address	
Glendale, CA 91203	
City/State and Zip Code	
earesignations@legalzoom.com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Casandra Lund at (1 800) 773-0888 x3951	•
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 act iability company or \$25.00 for an administratively dissolved, voluntarily dissolved or wit imited liability company.	ive limit hdrawn
	•

MAILING ADDRESS:

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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provis	ions of section 605.0115, Florida Statutes, the undersign	ned.
United States Corporation Agents, Inc.		, hereby resigns as
	Name of Registered Agent	(Metery testigns us
Registered Agent for_	GROWTH AND STRATEGY INSIGHTS LLC	
	Name of Limited Liability Company	·
L18000215281		
Document?	Number, if known	
	tion was mailed to the above listed limited liability comed and the office discontinued on the 31st day after the dat	•
If signing on behalf of	Signature of Resigning Agent an entity:	
	Cheyenne Moseley	•
	Typed or Printed Name	
	Asst. Secretary for United States Corporation Agents, I	nc.
	Capacity	
		1 3 1 3 2 3
	FILING FEES: \$ 85.00 Active limited liability compan \$ 25.00 Administratively dissolved/ vol	y untarily dissolved/

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

withdrawn limited liability company