18000747775

(Requestor's Name)				
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PICK-UP	☐ WAIT	MAIL		
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Certified Copies Certificates of Status				
Special Instructions to Fi	ting Officer			
Special mediations to 1	ang officer.			
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Office Use Only



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DEC 2.2 2021

COVER LETTER

SUBJECT: Advantage Solutions, LLC	of Limited Liability	Company
DOCUMENT NUMBER: L1800024227	78 	
The enclosed Resignation of Registered A for filing.	gent for a Limited	Liability Company and fee are submitted
Please return all correspondence concernir	ng this matter to th	e following:
United States Corporation Agents, Inc	i.	
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 ma	atter, please call:	
	800 at (773-0888) Daytime Telephone Number
Name of Person	Area Code	Daytime Telephone Number

MAILING ADDRESS:

Registration Section Division of Corporations

TO:

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

INHS17 (2/14)

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ons of section 605.0115, Florida Statutes, the unders	siened	SECTOR!
	poration Agents, Inc.	_	TO T
	Name of Registered Agent	hereby resigns as	- F
Registered Agent for Advantage Solutions, LLC			SSE E
	Name of Limited Liability Company		- 5 5 T
L18000242278			
Document N	lumber, if known		
	ion was mailed to the above listed limited liability or ed and the office discontinued on the 31st day after		
	Signature of Resigning Agent		
If signing on behalf of	an entity:		
	Cheyenne Moseley		
	Typed or Printed Name Asst. Secretary for United States Corporation Age	inte Inc	
	Capacity	——————————————————————————————————————	

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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