L18000 255851

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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FILED STATE CORPORATION

COVER LETTER

TO: Registration Section Division of Corporations

_{subject:} Accounting QB Support Lt	_C
Name of Limited Liability	Company
DOCUMENT NUMBER: L18000255851	
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee are submitted
Please return all correspondence concerning this matter to th	ne 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:	
at (773-0888
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisi	ons of section 605.0115. Florida Statutes, the unde	rsigned.	
United States Cor	poration Agents, Inc.	, hereby resigns as	
	Name of Registered Agent	. Hereby resigns as	
Registered Agent for	Accounting QB Support LLC		
	Name of Limited Liability Company	,	
L18000255851			
Document N	sumber, if known		
A copy of this resignat	ion was mailed to the above listed limited liability	company at its last known address.	
The agency is terminat	ed and the office discontinued on the 31st day after	r the date on which this statement is fil	ed.
	Signature of Resigning Agent		
If signing on behalf of	an entity:		
	Cheyenne Moseley	202	
	Typed or Printed Name	2023 JUN 05 of the control of the co	
	Asst. Secretary for United States Corporation Ag	ents, Inc.	Z -
	Capacity	L PH 3:	RY OF STA

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

Active limited liability company
Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

FILING FEES:

\$ 85.00 \$ 25.00