

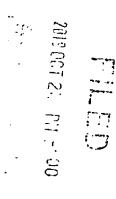
| (Requestor's Name)                      |  |  |
|---|--|--|
| (Address)                               |  |  |
| (Address)                               |  |  |
| (City/State/Zip/Phone #)                |  |  |
| PICK-UP WAIT MAIL                       |  |  |
| (Business Entity Name)              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



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## COVER LETTER

Division of Corporations SUBJECT: D. WOODARD CONSULTING LLC Name of Limited Liability Company DOCUMENT NUMBER: L19000038598 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 101 North Brand Blvd. 11th Floor Address Glendale, CA 91203 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 ( 1800 ) 773-0888 x3951 Kasandra Lund Area Code Daytime Telephone Number Name of Person

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

TO:

Registration Section

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

| Pursuant to the provis                 | ions of section <b>6</b> 05.0115, Florida Statutes, the undersigne | đ,                                      |  |
|--|--|---|--|
| United States Corporation Agents, Inc. |  | hereby resigns as                       |  |
|  | Name of Registered Agent   | , · · · · · · , · · · · · · · · · · · · |  |
| Registered Agent for_                  | D. WOODARD CONSULTING LLC  |   |  |
|  | Name of Limited Liability Company                                  | •                                       |  |
| 1.19000038598                          |  |   |  |
| Document ?                             | Sumber, if known   |   |  |
| A copy of this resigna                 | tion was mailed to the above listed limited liability compa        | nny at its last kñown address.          |  |
| The agency is terminate                | ed and the office discontinued on the 31st day after the date      | on which this statement is filed.       |  |
|  | Signostre of Resigning Agent                                       |   |  |
| If signing on behalf of an entity:     |  | - · · · · · · · · · · · · · · · · · · · |  |
|  | Cheyenne Moseley   | Φ                                       |  |
|  | Typed or Printed Name  | <del></del>                             |  |
|  | Asst. Secretary for United States Corporation Agents, Inc.         |   |  |
|  | Capacity   | <del></del>                             |  |

## **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