

219 0000 7107

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

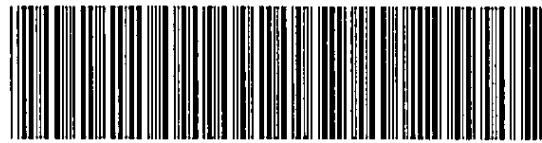
PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

**Special Instructions to Filing Officer:**



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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SORACLOUD SOLUTIONS, LLC  
Name of Limited Liability Company

DOCUMENT NUMBER: L19000071017

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:

SHILPA KRISHNAN

Name of Person

SORACLOUD SOLUTIONS, LLC

Name of Firm/Company

1001 SHADYSIDE LANE

### Address

WESTON, FL 33327

City/State and Zip Code

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E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provisions of section 605.0115, Florida Statutes, the undersigned,

**BEVON CHRISTIE** \_\_\_\_\_, hereby resigns as  
Name of Registered Agent

Registered Agent for **SORACLOUD SOLUTIONS, LLC** \_\_\_\_\_

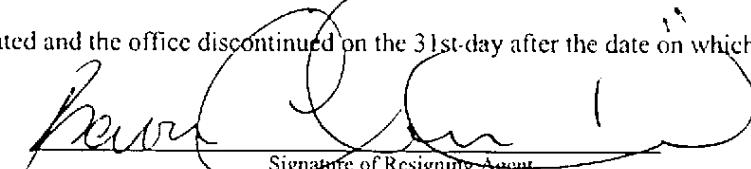
\_\_\_\_\_  
Name of Limited Liability Company

**L19000071017**

\_\_\_\_\_  
Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

  
\_\_\_\_\_  
Signature of Resigning Agent

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Capacity

FLORIDA  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA  
2019 MAY 13 A 4:08  
TEN  
TEN  
TEN

**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