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### **COVER LETTER**

TO:	Registration Section Division of Corporations
SUBJ	Next Step Spirits Consulting LLC  Name of Limited Liability Company
DOC	UMENT NUMBER: L19000077145
The enfor fil	nclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted ing.
Please	e return all correspondence concerning this matter to the following:
Unite	ed States Corporation Agents, Inc.
	Name of Person
Lega	Izoom.com, Inc.
	Name of Firm/Company
101 1	North Brand Blvd. 11th Floor
	Address
Glen	dale, CA 91203
	City/State and Zip Code
rares	ignations@legalzoom.com
Е	-mail address: (to be used for future annual report notification)
For fu	rther information concerning this matter, please call:
Janna	Name of Person at (1800 ) 773-0888 x3950  Area Code Daytime Telephone Number
	Name of Person Area Code Daytime Telephone Number
Enclos liabilit liabilit	sed is a check made payable to the Florida Department of State for \$85.00 for an active limited by company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited by company.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 provision	ns of section 605.0115	, Florida Statutes, the unders	igned,	
United States Corpo	oration Agents, Inc	). J	hereby resigns as	
	icreby resigns as			
Registered Agent for No	ext Step Spirits Co	onsulting LLC		
	Name of Limi	ted Liability Company		<del></del> ·
L19000077145				
Document Nu	mber, if known	<del></del>		
A copy of this resignatio	on was mailed to the al	oove listed limited liability co	ompany at its last known	address.
The agency is terminated	d and the office discor	signature of Resigning Agent	he date on which this sta	itement is filed.
If signing on behalf of ar	n entity:			
	Cheyenne Mosel	ey		F :
	Ту	ped or Printed Name	<del></del>	
	Asst. Secretary for U	nited States Corporation Ager	nts, Inc.	
		Capacity		٠.
	\$ 85.00 \$ 25.00	FEES: Active limited liability con Administratively dissolved withdrawn limited liability	/ voluntarily dissolved/	4:00

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