

L19000154970

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

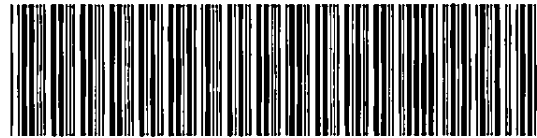
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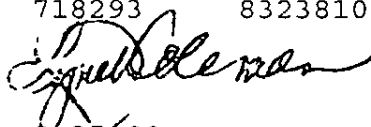
SECRETARY OF STATE  
TALLAHASSEE, FL 32301

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2023 MAY 10 AM 11:49

CLERK OF SUPERIOR COURT  
TALLAHASSEE, FL 32301

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195  
REFERENCE : 718293 8323810  
AUTHORIZATION :   
COST LIMIT : \$ 25.00

-----  
ORDER DATE : May 3, 2023  
ORDER TIME : 8:27 AM  
ORDER NO. : 718293-005  
CUSTOMER NO: 8323810  
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RESIGNATION OF AGENT

NAME: NICHE GROUP INTERNATIONAL, LLC

XX RESIGNATION OF AGENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

           CERTIFIED COPY  
XX            PLAIN STAMPED COPY  
           CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Unassigned-EXT#

EXAMINER'S INITIALS: \_\_\_\_\_

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Niche Group International, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L19000154970

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:

RESIGNATIONS DEPARTMENT

Name of Person

CORPORATION SERVICE COMPANY

Name of Firm/Company

251 LITTLE FALLS DRIVE

Address

WILMINGTON, DE 19808

City/State and Zip Code

ANNUALREPORTS@CSCGLOBAL.COM

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

For further information concerning this matter, please call:

RESIGNATION DEPT 800 927-9801  
Name of Person at ( 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

CORPORATION SERVICE COMPANY

\_\_\_\_\_, hereby resigns as  
Name of Registered Agent

Registered Agent for Niche Group International, LLC

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

L19000154970

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.

Alexxis Weiland-Sorenson, ACP

Signature of Resigning Agent

If signing on behalf of an entity:

BY ALEXXIS WEILAND-SORENSEN

Typed or Printed Name

ASSISTANT VICE PRESIDENT

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**

FILED  
2023 MAY 10 PM 12:17  
SECRETARY OF STATE  
TALLAHASSEE, FL