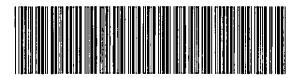
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| PICK-UP | ☐ WAIT | MAIL | | |
| (Bus | siness Entity Nan | ne) | | |
| (Document Number) | | | | |
| Certified Copies | Certificates | of Status | | |
| Special Instructions to Filing Officer: | | | | |
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COVER LETTER

TO: Registration Section Division of Corporations

| SUBJECT: Anderson Methodologies and Solutions LL | С |
|--|---|
| Name of Limited Liability | Company |
| DOCUMENT NUMBER: L19000161604 | |
| 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 the | ne 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: | |
| Janna Pantoja 1 800 | 773-0888 x3950 |
| 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provision | s of section 605.0115 | , Florida Statutes, the undersi | gned, | |
|----------------------------|--------------------------------|--|-----------------------------|----------------|
| United States Corpo | oration Agents, In | C. ₋ | nereby resigns as | |
| | Name of Registered Agen | t | - | |
| Registered Agent for An | derson Methodol | ogies and Solutions LLC | <u>-</u> | - |
| | Name of Lim | ted Liability Company | | · |
| L19000161604 | | | | |
| Document Nur | nber, if known | | | |
| A copy of this resignation | n was mailed to the a | bove listed limited liability co | ompany at its last known ac | ldress. |
| The agency is terminated | and the office disco. | Signature of Resigning Agent | he date on which this state | ment is filed. |
| If signing on behalf of ar | entity: | | | |
| | Cheyenne Mose | ley | | |
| | 1 | sped or Printed Name | | • |
| | Asst. Secretary for U | nited States Corporation Ager | nts, Inc. | |
| | | Capacity | | |
| | | | | |
| | FILING \$ 85.00 \$ 25.00 | FEES: Active limited liability con Administratively dissolved withdrawn limited liability | / voluntarily dissolved/ | 2 |

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