

L19000161622

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

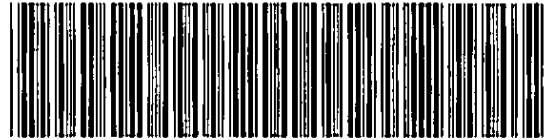
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



800392756908

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

2022 AUG 18 AM 9:26  
ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED

NOV 30 2022  
S. PRATHE

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Isxperia, LLC  
Name of Limited Liability Company

DOCUMENT NUMBER: L19000161622

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:

James A Chouinard, CPA

Name of Person

Chouinard, Massie & Reilly, CPA's, PLLC

Name of Firm/Company

12611 New Brittany Blvd

Address

Fort Myers, FL 33907

City/State and Zip Code

jchouinard@fmyerscpa.com

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

For further information concerning this matter, please call:

James A Chouinard at (239) 768-2171  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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  
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,

James A. Chouinard

, hereby resigns as

Name of Registered Agent

Registered Agent for

Isxperia, LLC

Name of Limited Liability Company

L19000161622

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:

JAMES A. CHOUINARD

Typed or Printed Name

Registered Agent

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

2022 AUG 18 AM 9:26  
TALLAHASSEE, FL 32314