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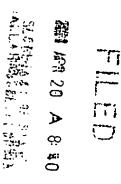
(Re	equestor's Name)	 		
(Ad	dress)			
(Ac	idress)			
(Ci	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
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Certified Copies Certificates of Status				
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COVER LETTER

SUBJECT: Tim King Training LLC		
Name Name	e of Limited Liability	Company
DOCUMENT NUMBER: L19000187	105	
The enclosed Resignation of Registered filing.	Agent for a Limited	I Liability Company and fee are submitted
Please return all correspondence concert	ning this matter to t	he following:
United States Corporation Agents, I	nc.	
Name of Person		-
Legalzoom.com, Inc.		
Name of Firm/Compan	ıy	-
101 North Brand Blvd. 11th Floor		
Address		-
Glendale, CA 91203		
City/State and Zip Coc	le	_
raresignations@legalzoom.com		
E-mail address: (to be used for future annu	ual report notification)	_
For further information concerning this	matter, please call:	
Janna Pantoja	800	773-0888 x3950 Daytime Telephone Number
Name of Person	Area Code	Daytime Telephone Number

MAILING ADDRESS:

liability company.

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 unde	rsigned.			
United States Corporation Agents, Inc. , hereby re		, hereby res	esigns as		
		•			
Registered Agent for <u>Tir</u>	n King Training LLC				
	Name of Limited Liability Company			· · · · · · · · · · · · · · · · · · ·	,
L19000187105					
Document Nur	nber, if known				
A copy of this resignation	n was mailed to the above listed limited liability	company at	its last	knowr	i address.
The agency is terminated	and the office discontinued on the 31st day after Signature of Resigning Agent	r the date of	n which	n this st	atement is file
If signing on behalf of ar	entity:		*	25	
Cheyenne Moseley					·
	Typed or Printed Name		23) 100.14	形式	
	Asst. Secretary for United States Corporation A	gents, Inc.	100 100 100 100 100	20	
	Capacity		THE STATE OF THE S	≫ 8:	Ü
	FILING FEES:	von nanv	æ	0	
	\$ 85.00 Active limited liability of Administratively dissolve withdrawn limited liability of Administratively dissolve with drawn limited liability of Active	∕ed/ volunta	rily dis y	solved	/

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