49000 196343

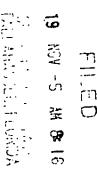
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Gity/Gtate/Zip/Filotie #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



100336035631

11/05/18--01018--022 **25.00



DEC 05 2019 S. YOUNG

COVER LETTER

TO:	Registration Section Division of Corporations
SUBJ	ECT: Strategic Intelligence Agency LLC Name of Limited Liability Company
	Name of Limited Liability Company
DOC	UMENT NUMBER: L19000196343
The er	nclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted ing.
Please	return all correspondence concerning this matter to the following:
Unite	d States Corporation Agents, Inc.
	Name of Person
Legal	Izoom.com, Inc.
	Name of Firm/Company
101 N	North Brand Blvd. 11th Floor
	Address
Glend	dale, CA 91203
	City/State and Zip Code
rares	ignations@legalzoom.com
E-	mail address: (to be used for future annual report notification)
For fu	rther information concerning this matter, please call:
Janna	Name of Person at (1 800) 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for \$85.00 for an active limited y company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited y company.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

	ions of section 605.0115, Florid	a Statutes, the undersigned,	
United States Co	rporation Agents, Inc.	, hereby resigns as	
	Name of Registered Agent		
Registered Agent for	Strategic Intelligence Age	ncy LLC	-
	Name of Limited Liabi	lity Company	.•
L19000196343			
Document	Number, if known		
A copy of this resigna	ntion was mailed to the above lis	sted limited liability company at its last known address.	
The agency is termin		on the 31st day after the date on which this statement is tree of Resigning Agent	s filed.
If signing on behalf o			
5.55	of an entity:	man	
	of an entity: Cheyenne Moseley		 0
	Cheyenne Moseley	Printed Name	夏 刊
	Cheyenne Moseley Typed or F		in 到 -5

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