# 119000224889

(Re	equestor's Name)	
(Ac	dress)	<del></del>
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	e #)
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### **COVER LETTER**

SUBJECT: Social Strategy Consulting LLC
Name of Limited Liability Company
DOCUMENT NUMBER: L19000224889
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:
United States Corporation Agents, Inc.
Name of Person
Legalzoom.com, Inc.
Name of Firm/Company
9900 Spectrum Dr.
Address
Austin, TX 78717
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:
Name of Person at (800 ) 773-0888  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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

TO:

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 provis	sions of section 605.0115, Florida Statutes, the unde	rsigned,
United States Corporation Agents, Inc hereby r		, hereby resigns as
		nereby resigns as
Registered Agent for	Social Strategy Consulting LLC	
<del></del>	Name of Limited Liability Company	,
L19000224889		
Document	Number, if known	
	ation was mailed to the above listed limited liability ated and the office discontinued on the 31st day after	
	Signature of Resigning Agent	202 Sec
If signing on behalf o	f an entity:	I SEP 27
Cheyenne Moseley		No.
	Typed or Printed Name	
	Asst. Secretary for United States Corporation Ag	ents, Inc.
	Capacity	5

FILING FEES:

\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ withdrawn limited liability company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