KIA CCC 235451

(Re	questor's Name)			
(Address)				
(Address)				
(City/State/Zip/Phone #)				
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: At The Top Consulting LLC	
Name of Limited Liability	Company
DOCUMENT NUMBER: L19000238481	
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 th	e 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:	
at (<u>800</u>	773-0888
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provisions of secti	ion 605.0115. Florida Statute	es, the undersigned,		
United States Corporation Agents, Inc. Name of Registered Agent			, hereby resigns as	
		, nereby resigns as		
Registered Agent for At The To	pp Consulting LLC			
	Name of Limited Liability Comp.	any	,	
L19000238481				
Document Number, if kno	own .			
A copy of this resignation was ma The agency is terminated and the o		st day after the date on which this		
If signing on behalf of an entity:				
Cheyenne Moseley			20:	
Typed or Printed Name Asst. Secretary for United States Corporation Agents, Inc. Capacity		2021 JAN 25		
	FILING FEES: \$ 85.00 Active limited \$ 25.00 Administrative withdrawn lim	liability company ly dissolved/ voluntarily dissolve ited liability company	P	

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