L19000266830

(Re	equestor's Name)				
(Ad	dress)				
(Ad	ddress)				
(Cit	ty/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Bu	isiness Entity Nan	ne)			
(Document Number)					
Certified Copies	_ Certificates	s of Status			
Special Instructions to Filing Officer:					

Office Use Only



900355000339

11/18/20--01013--022 **25.00

2020 HOV 18 AM 10: 22

١ ۵

COVER LETTER

SUBJECT: Aim Right Solutions LLC Name of Limited Liability	y Company
DOCUMENT NUMBER: L19000266830	
The enclosed Resignation of Registered Agent for a Limited for filing.	d Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	he 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:	
Name of Person at (Area Code	773-0888 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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, F1, 32301

TO:

Registration Section Division of Corporations

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provis	sions of section 605.011.	5. Florida Statutes, the under	signed.			
United States Corporation Agents, Inc.		harah racione				
Name of Registered Agent			, hereby resigns as			
Registered Agent for	Aim Right Solutions	S LLC				
	Name of Lim	ited Liability Company	·			
L19000266830						
Document	Number, if known					
	ned and the office disco.	bove listed limited liability continued on the 31st day after Signature of Resigning Agent				
	Cheyenne Moseley				202	
		sped or Printed Name Inited States Corporation Age	nts, Inc.		2020 NOV 18	• •
	FILING \$ 85.00 \$ 25.00	Capacity FEES: Active limited liability con Administratively dissolved withdrawn limited liability	l/ voluntarily di	HASSEE, FL	AM 10: 22	:

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