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

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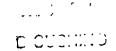


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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: The Green Shield Group LLC	
Name of Limited Liability Company	
DOCUMENT NUMBER: L19000293511	
The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are subfor filing.	mitted
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	202
E-mail address: (to be used for future annual report notification)	126 ec. 18
For further information concerning this matter, please call:	2022 HAT 16
Name of Person at (800 773-0888 Area Code Daytime Telephone Number - 1	
Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active lir liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdraw liability company.	nited n limited

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 provisi	ons of section 605.0115, Florida Statutes, the undersign	gned,
	poration Agents, Inc.	-
	Name of Registered Agent , he	ereby resigns as
Registered Agent for _	The Green Shield Group LLC	
	Name of Limited Liability Company	,
L19000293511		
Document N	umber, if known	
A copy of this resignati	on was mailed to the above listed limited liability con	npany at its last known address.
The agency is terminate	ed and the office discontinued on the 31st day after the	e date on which this statement is filed.
	Signature of Resigning Agent	2022 HAT
If signing on behalf of an entity:		그 기가 가장 그 것이 그 것
	Cheyenne Moseley	σ · · · · · · · · · · · · · · · · · · ·
	Typed or Printed Name	
	Asst. Secretary for United States Corporation Agents	s, Inc.
	Capacity	10 01

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