L20000077156

(Re	questor's Name)			
(Ad	dress)			
(Address)				
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(Cit	y/State/Zip/Phone #)			
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PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Name)	-		
(Do	cument Number)			
Certified Copies Certificates of Status				
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Special Instructions to	Filing Officer.			
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Office Use Only



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COVER LETTER

Registration Section Division of Corporations SUBJECT: Innovation-Risk LLC Name of Limited Liability Company DOCUMENT NUMBER: L20000077156 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

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

TO:

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provis	ons of section 605.0115	, Florida Statutes, the unders	signed,			
Name of Registered Agent		_ , hereby resigns as				
						Registered Agent for
	Name of Limi	ted Liability Company				_,
L20000077156						
Document	Number, if known					
A copy of this resigna	tion was mailed to the al	bove listed limited liability c	ompany at its las	t known :	address.	·
The agency is termina	ted and the office discor	ntinued on the 31st day after	the date on which	h this stat	tement i	s filed.
		Signature of Resigning Agent				
If signing on behalf of	an entity:					
	Cheyenne Mosel	ey		7	20	
	Ту	ped or Printed Name			2023 OCT 3	********
	Asst. Secretary for United States Corporation Agent		nts, Inc.	<u> </u>	13(
		Capacity		· •.	$\frac{\omega}{}$	حدم ا
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	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability cor Administratively dissolved withdrawn limited liabilit	mpany d/ voluntarily dis v company	solved/	MH: 19	1

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