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COVER LETTER

FO: Registration Section Division of Corporations	
SUBJECT: OCCUPATIONAL CONSULTING DEACONS, LLC	
Name of Limited Liability Company	
DOCUMENT NUMBER: L20000081781	
The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are subror filing.	nitted
Please return all correspondence concerning this matter to the following:	
United States Corporation Agents, Inc.	
Name of Person	
_egalzoom.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)	
or further information concerning this matter, please call:	
at (800 773-0888	
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provision	ns of section 605.0115. Florida Statutes, the undersi	gned.			
United States Corp	ereby resigns as				
Name of Registered Agent					
Registered Agent for	CCUPATIONAL CONSULTING DEACON	S, LLC			
	Name of Limited Liability Company	 			,
L20000081781					
Document No	umber, it known				
A copy of this resignation	on was mailed to the above listed limited liability col	mpany at its last ki	nown a	ddress.	
The agency is terminate	d and the office discontinued on the 31st day after the Signature of Resigning Agent	ne date on which th	iis state	ement is 2021 JAN	filed.
If signing on behalf of an entity:			-		
	Cheyenne Moseley			- - - -	
	Typed or Printed Name Asst. Secretary for United States Corporation Agent	ts, Inc.	•	PH 12:	
	Capacity			2: 16	

Make checks payable to Florida Department of State and mail to:

FILING FEES:
\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314