h20000 102606

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то:	Registration Section Division of Corporations		
SUBJ	JECT: Radial Link LLC		
DOC:	Name of Limited Liability Company 1,20000102606		
	UMENT NUMBER: L20000102606		
The enfor fil	nclosed Resignation of Registered Agent for a Limited Liability Company and fee are sing.	ubmitte	ed
Please	e return all correspondence concerning this matter to the following:		
Unite	ed States Corporation Agents, Inc.		
	Name of Person		
Lega	Izoom.com, Inc.		
	Name of Firm/Company		
9900	Spectrum Dr.		
	Address		
Austi	n, TX 78717		
	City/State and Zip Code		
rares	ignations@legalzoom.com		
E-	-mail address: (to be used for future annual report notification)	202	
For fu	rther information concerning this matter, please call:	2022 H.Y	
	Name of Person at (800 773-0888 Area Code Daytime Telephone Number	7 5	· ·
	Name of Person Area Code Daytime Telephone Number	7	í;
Enclos liabilit liabilit	sed is a check made payable to the Florida Department of State for \$85.00 for an active by company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdray company.	lingitec awn lir	ر ا nited

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 provisio	ns of section 605.01	15. Florida Statutes, the unc	dersigned,			
United States Corp		nc	, hereby resigns as			
	Name of Registered Age	ent	_ , nereby resigns as			
Registered Agent for R	adial Link LLC					
				_		
	Name of Lir	mited Liability Company				
L20000102606						
Document Nu	imber, if known					
A copy of this resignation	on was mailed to the .	above listed limited liabilit	y company at its last kno	ıwn addr		
		ontinued on the 31st day aft				iled
		Signature of Resigning Agent				
If signing on behalf of ar	n entity:				2	
	Cheyenne Mose	eley			2022 K.A.	
	Т	yped or Printed Name		;	::a- —<:	
	Asst. Secretary for L	Jnited States Corporation A	gents, Inc.		<u>in</u>	
		Capacity			<u> 2</u> 25	. : ;
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability of Administratively dissolv withdrawn limited liabil	ompany red/ voluntarily dissolve lity company	d/	24	

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