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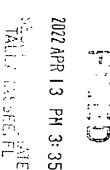
(Requestor's Name)
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of 5/19/2022

COVER LETTER

SUBJECT: Remote AccounTax Services LLC	
Name of Limited Liability	Company
DOCUMENT NUMBER: L20000282883	
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	e 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:	
at (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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

TO: Registration Section 'Division of Corporations

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 under	rsigned.			
Name of Registered Agent		, hereby resigns as				
			,			
Registered Agent for R	emote AccounTax	Services LLC				_
	Name of Limit	ed Liability Company				_•
	Name of Emile	ed Emonity Company				
L20000282883						
Document Nu	imber, if known	·· ·····				
A copy of this resignation	on was mailed to the ab	ove listed limited liability	company at its las	t known	address	;.
The agency is terminate	d and the office discon	tinued on the 31st day after	the date on which	h this sta	tement	is filed.
	·	Signature of Resigning Agent				
If signing on behalf of a	n entity:				202	
	Cheyenne Mosel	еу		<u> </u>	2022 APR	ا المعاديد
	Ty	ped or Printed Name		•	بخ —	
	Asst. Secretary for Ur	nited States Corporation Ag	ents, Inc.	;	$\frac{1}{\omega}$	1
	-71	Capacity		1 .	P	
					PM 3: 35	<u> </u>
	FILING F					
	\$ 85.00 \$ 25.00	Active limited liability ed Administratively dissolve withdrawn limited liabili	d/ voluntarily dis	solved/		

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