L20000288780

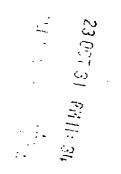
(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
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J. HORNE		
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Office Use Only



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COVER LETTER

SUBJECT: CroftFit Consulting LLC Name of Limited Liability Company DOCUMENT NUMBER: L20000288780 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

TO:

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 provisions	of section 605.0115. Florida Statutes, the unders	igned,
United States Corpor	ration Agents, Inc.	hereby resigns as
	same of Registered Agent	Teorgine as
Registered Agent for Cro	oftFit Consulting LLC	23
	Name of Limited Liability Company	
L20000288780		
Document Num	ber, if known	မ မ မ
A copy of this resignation	was mailed to the above listed limited liability co	ompany at its last known address.
The agency is terminated	and the office discontinued on the 31st day after the state of the 31st day after the significance of the 31st day after the 31s	the date on which this statement is filed
If signing on behalf of an	entity:	
1	Cheyenne Moseley	
_	Typed or Printed Name	
•	Asst. Secretary for United States Corporation Age	nts, Inc.
-	Capacity	

FILING FEES:
\$ 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