# 120000359184

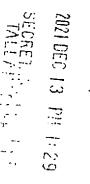
(Requestor's Name)	
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### **COVER LETTER**

MOSS HR CONSULTING SERVICES LLC Name of Limited Liability Company DOCUMENT NUMBER: L20000359184 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:

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Name of Person

Registration Section Division of Corporations

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Ft. 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.		
United States Corp	oration Agents, Inc	€.	, hereby resigns a	15	
	Name of Registered Agen	l	, ,	••	
Registered Agent for N	IOSS HR CONSU	LTING SERVICES LLO	<u> </u>		
	Name of Limi	ted Liability Company			·
L20000359184					
Document N	amber, if known	<del></del>			
A copy of this resignati	on was mailed to the a	bove listed limited liability	company at its la	st known add	fress.
The agency is terminate	and the office discor	Signature of Resigning Agent	the date on whic	th this staten	ient is filed.
If signing on behalf of a	in entity:				
	Cheyenne Mose	ley		SECRETARY TALE	2
	Ty	ped or Printed Name	<del></del>		237.5
	Asst. Secretary for U	nited States Corporation Ag	ents, Inc.		,
		Capacity		ω	
				=======================================	
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability ed Administratively dissolve withdrawn limited liabili	ompany ed/voluntarily di ity company	issolved/	*:\$

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