20000361960

(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.

Office Use Only



900414059959

08/17/23--01009--013 **25.00

COVER LETTER

Division of Corporations SUBJECT: Steward Consulting LLC Name of Limited Liability Company DOCUMENT NUMBER: L20000361960 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

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

TO:

Registration Section

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	s of section 605.0115, F	Torida Statutes, the under	signed,			
Name of Registered Agent			_ , hereby resigns as			
Registered Agent for St	eward Consulting L	.LC				
		· · · · · · · · · · · · · · · · · · ·			,	
	Name of Limited	Liability Company				
L20000361960						
Document Nu	mber, if known	_				
A copy of this resignatio	n was mailed to the abo	ve listed limited liability o	company at its last	known a	ddress.	
The agency is terminated	I and the office discontin	nued on the 31st day after	the date on which	this state	ement is	filed.
		au				
	51	gnature of Resigning Agent			جع	
If signing on behalf of an entity: Cheyenne Moseley				TALLAHASSLA	2023 AUG 17	
				2	AUG	
• •		d or Printed Name		7.0		
	Asst. Secretary for Unit	ed States Corporation Age	ents, Inc.	5.5		
		Capacity			M	
				L. WIDA	~	
				핕	19	
	\$ 25.00 A	<u>CES:</u> Active limited liability co Administratively dissolve withdrawn limited liabilit	d/ voluntarily diss			

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