

h20 000 371468

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

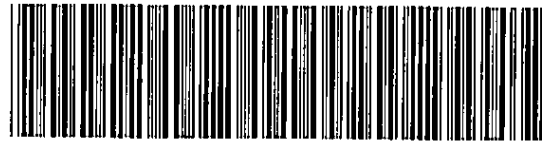
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400367396274

06/01/21-- 01043--011 \*\*85.00

FILED  
2021 JUN -1 AM 9:08  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SENSEI BUSINESS PUBLISHING LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L20000371468

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:

Jason G Blilie

Name of Person

Blilie Law

Name of Firm/Company

235 Lincoln Road, Suite 310

Address

Miami Beach, FL 33139

City/State and Zip Code

jason@blilielaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jason G Blilie

817

919-4110

Name of Person

at (

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

# STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Blilie Law

\_\_\_\_\_  
Name of Registered Agent

, hereby resigns as

Registered Agent for SENSEI BUSINESS PUBLISHING LLC


\_\_\_\_\_  
Name of Limited Liability Company

L20000371468

\_\_\_\_\_  
Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

  
\_\_\_\_\_  
Signature of Resigning Agent

If signing on behalf of an entity:

Jason G Blilie

\_\_\_\_\_  
Typed or Printed Name

Owner

\_\_\_\_\_  
Capacity

FILED  
2021 JUN -1 AM 9:08  
TALLAHASSEE, FLORIDA

## **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