L20000389735

(Requestor's Name)				
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PICK-UP WAIT MAIL				
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Certified Copies Certificates of Status				
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Special Instructions to Filing Officer:				

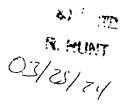
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COVER LETTER

Registration Section Division of Corporations SUBJECT: Empower Movement LLC Name of Limited Liability Company DOCUMENT NUMBER: L20000389735 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

Name of Person

City/State and Zip Code

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

For further information concerning this matter, please call:

raresignations@legalzoom.com

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ns of section 605.0115, Flor	rida Statutes, the under	signed,
United States Corporation Agents, Inc.			, hereby resigns as
Name of Registered Agent			
Registered Agent for Er	mpower Movement LL	С	
	Name of Limited Lia	ability Company	
L20000389735			
Document Nu	mber, if known		
A copy of this resignation	n was mailed to the above	listed limited liability	company at its last known address.
The agency is terminated	d and the office discontinue	ed on the 31st day after	the date on which this statement is file
		W	<u></u>
	Signa	iture of Resigning Agent	4-3 20
If signing on behalf of an entity:			
	Cheyenne Moseley		į
	Typed or	Printed Name	
Asst. Secretary for United States Corporation Agen		ents, Inc.	
	Сар	pacity	12
			P. 12: 49
	FILING FEES \$ 85.00 Acti \$ 25.00 Adr wit	<u>S:</u> ive limited liability co ministratively dissolve hdrawn limited liabili	mpany d/ voluntarily dissolved/ ty company

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