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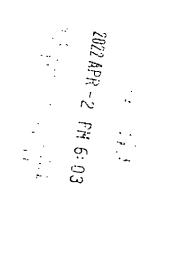
(Requ	uestor's Name)	
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(City/	State/Zip/Phone #	
PICK-UP	MAIT	MAIL
(Busi	ness Entity Name	e)
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Certified Copies	Cortificator	of Status
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Special Instructions to Fi	iling Officer:	
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Office Use Only



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O SIMMONS MAY 27 2021

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: ALWAYS HOPE COUNSELING CENTER	LLC
Name of Limited Liability	Company
DOCUMENT NUMBER: L21000010001	
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	ne following:
United States Corporation Agents, Inc.	
Name of Person	
Legalzoom.com, Inc.	
Name of Firm/Company	
101 North Brand Blvd. 11th Floor	
Address	
Glendale, CA 91203	
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:	
aı (773-0888
Name of Person 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited

MAILING ADDRESS:

liability company.

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

	ns of section 605.0115. Florida Statutes, the undersigned, poration Agents, Inc.	<u>:_</u> .	2022 AFR		
	Name of Registered Agent LWAYS HOPE COUNSELING CENTER LLC	-	FR -2 Ph		
	Name of Limited Liability Company		6:03		
L21000010001					
Document Nu	imber, it known				
A copy of this resignation	on was mailed to the above listed limited liability company at its last k	nown add	lress.		
The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.					
	Agnature of Resigning Agent				
If signing on behalf of a	n entity:				
	Cheyenne Moseley				
	Typed or Printed Name				
	Asst. Secretary for United States Corporation Agents, 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