(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:		
SEP 1 2 2024		

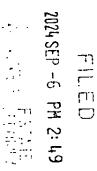


Office Use Only



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### **COVER LETTER**

SUBJECT: Name of Limited Liability	Company
DOCUMENT NUMBER: 1.21000041339	
The enclosed Resignation of Registered Agent for a Limited for filing.	d Liability Company and fee are submitted
Please return all correspondence concerning this matter to t	he following:
Ryan Potter	
Name of Person	-
ZenBusiness Inc.	
Name of Firm/Company	-
336 E. College Ave. Suite 301	
Address	-
Tallahassee, FL 32301	
City/State and Zip Code	-
ra@zenbusiness.com	
E-mail address: (to be used for future annual report notification)	-
For further information concerning this matter, please call:	
Ryan Potter at ( Name of Person Area Code	493-6249 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Registration Section Division of Corporations

TO:

## **Street Address:**

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

INHS17 (2/14)

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

Pursuant to the provis	sions of section 605.0115, Florida Statutes, the	undersigned,
REGISTERED AGENTS INC.  Name of Registered Agent		hereby resigns as
		. Hereby resigns as
Registered Agent for		
EUREKA ŁOCKSMIT	TH LLC	134 SET T
	Name of Limited Liability Company	SP T
1,21000041339		1 5 F
Document	Number, if known	PR C
	ation was mailed to the above listed limited liab	
The agency is termina	ated and the office discontinued on the 31st day	after the date on which this statement is filed.
	Signature of Resigning A	gent
If signing on behalf of	f an entity:	
	David Roberts	
	Typed or Printed Name	<del></del>
	Assistant Secretary	
	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