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| (Re | equestor'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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Office Use Only



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05/26/25--010.4--018 **/4.00



COVER LETTER

| SUBJECT: Name of | Limited Liability | Company |
|--|--------------------|---|
| DOCUMENT NUMBER: 1.21000060071 | | |
| The enclosed Resignation of Registered Age for filing. | ent for a Limited | Liability Company and fee are submitted |
| Please return all correspondence concerning | this matter to th | ne 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 rep | oort notification) | |
| For further information concerning this matter | er, please call: | |
| Ryan Potter | 844 at (| 493-6249 |
| 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

TO:

Registration Section Division of Corporations

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

| Pursuant to the provi | sions of section 605.0115, Florida Statutes, th | ie undersigned. | |
|--|---|----------------------|----------------------|
| ZenBusiness Inc. Name of Registered Agent | | , hereby resigns as | |
| | | ; Neverby resigns as | |
| Registered Agent for | ANKLE PUMP AUTOMATION LLC | | |
| | Name of Limited Liability Company | | |
| 1.21000060071 | | | |
| Documen | t Number, if known | | |
| - | ation was mailed to the above listed limited li | | |
| the agency is termin | ated and the office discontinued on the 31st d | Agent | |
| If signing on behalf o | · | FALL A | 1 L 2023 HAY 26 |
| | ZenBusiness Inc. by Shanaz Hemmati | | |
| | Typed or Printed Name Secretary | SSEE | |
| | Capacity | FLORIDA | PM 1: 59 |

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