# L21000075696

(Requ	uestor's Name)	
(Addi	ess)	
(Adda	ess)	<del> </del>
(City/	State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
(Busi	ness Entity Nar	me)
(Document Number)		
Certified Copies	Certificates	s of Status
Special Instructions to Filing Officer:		





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2025 APR -2 PH 2: 15

### **COVER LETTER**

**TO:** Registration Section Division of Corporations

<u>C</u>
Company
Liability Company and fee are submitted
e following:
773-0888
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

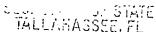
#### MAILING ADDRESS:

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

#### STREET ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY 2025 APR -2 PW 2: 15



		IALLAHASSEE, FL
Pursuant to the provis	ions of section 605.0115, Florida Statu	ates, the undersigned.
United States Co	rporation Agents, Inc.	, hereby resigns as
	Name of Registered Agent	
Registered Agent for	SLN22 CONSULTING, LLC	
registered rigent for		
	Name of Limited Liability Cor	mpany
L21000075696		
Document	Number, if known	
A copy of this resigna	ation was mailed to the above listed lir	nited liability company at its last known address.
The agency is termin	ated and the office discontinued on the	31st day after the date on which this statement is filed
	Erik Treed	lein
	Signature of Ro	esigning Agent
If signing on behalf of	of an entity:	
	Erik Treutlein	
	CIM House	
	Typed or Printed Y	

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