## L21000185649

(Requestor's Name)
(Address)
· ·
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Certified Copies Certificates of Status
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Office Use Only



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

Pursuant to the provisi	ons of section 605.0115, Florida Statutes, the under	rsigned,	3500 20
CORPORATE ACCESS, INC.		, hereby resigns as	SCOPE OS
	Name of Registered Agent	, ,	*???
Registered Agent for _	COLUMBUS ORGANIZATION HOLDINGS, LLC		<u></u>
We were put on reco	ord as Registered Agent without authority.		,
	Name of Limited Liability Company		
L21000185649			
Document ?	Number, if known		
-	tion was mailed to the above listed limited liability		
	Signature of Resigning Agent		
If signing on behalf of	an entity:		
	Danny Bennett		
	Typed or Printed Name	<del></del>	
	President		
	Canacity	<del></del>	

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

FILING FEES:
\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company