

L21 000 188124

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : YOBI TECHNOLOGY, LLC
Account Number : I20200000112
Phone : (407)832-7240
Fax Number : (407)612-2313

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: ACCOUNTING@EXCELTOTALBUSINESS.COM

**LLC REGISTERED AGENT RESIGNATION
EXPERT NETWORK SERVICES, LLC**

Certificate of Status	0
Certified Copy	0
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C. BRUMBLEY
NOV 10 2022

2022 NOV - 9 PM 3:31

SECRETARY OF STATE
TALLAHASSEE, FL

2022 NOV - 9 AM 10:04

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EXPERT NETWORK SERVICES, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L21000188124

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ANTONIO CARDOSO

Name of Person

EXCEL TOTAL BUSINESS

Name of Firm/Company

7065 WESTPOINTE BLVD #301

Address

ORLANDO, FL 32835

City/State and Zip Code

ACCOUNTING@EXCELTOTALBUSINESS.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANTONIO CARDOSO

Name of Person

at (407)

Area Code

351-6656 X#102

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

EXCEL TOTAL BUSINESS, hereby resigns as

Name of Registered Agent

Registered Agent for **EXPERT NETWORK SERVICES, LLC**


Name of Limited Liability Company

L21000188124

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.



Signature of Resigning Agent

If signing on behalf of an entity:

ANTONIO CARDOSO

Typed or Printed Name

GENERAL MANAGER

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

INHS17 (2/14)

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