12/17/24, 4.09 PM

Division of Corporations



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(((H240004147473)))



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To:

Division of Corporations

Fax Number : (859)617-6383

From:

Account Name : EXPAT CONSULTING CORP.

Account Number : 120190000096 Phone : (407)745-1112 Fax Number : (407)641-8083

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

Address: ACC@EXPATCONSULTING.COM

# LLC REGISTERED AGENT RESIGNATION LONDON & LONDON LLC

Certificate of Status	0
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### From: EXPAT CONSULTING

#### **COVER LETTER**

то:	Registration Section Division of Corporations	
SUBJ	LONDON & LONDON ELC  Name of Limited Liabili	
		ту Сопірану
DOC	UMENT NUMBER: 1,21000222375	
The e	nclosed Resignation of Registered Agent for a Limiting.	ed Liability Company and fee are submitted
Please	return all correspondence concerning this matter to	the following:
NHLFC	ON FREGNI	
	Name of Person	_
EXPA	T CONSULTING CORP	
	Name of Firm/Company	_
8615 0	OMMODITY CIR. STE 11	
	Address	_
ORLA	NDO - FL - 32819	
	City/State and Zip Code	_
ACCŒ	EXPATCONSULTING.COM	
ĪĒ	-mail address: (to be used for future annual report notification)	_
For fu	rther information concerning this matter, please call	:
SILTO	Name of Person         407           Area Cod         Area Cod	745.1112
	Name of Person Area Cod	e Daytime Telephone Number
Enclo liabili limite	sed is a check made payable to the Florida Departme ty company or \$25.00 for an administratively dissol- d liability company.	ent of State for \$85.00 for an active limited yed, voluntarily dissolved or withdrawn

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

From, EXPAT CONSULTING

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

Pursuant to the provisions of section 605.0115	5, Florida Statutes, the undersigned,	
EXPAT CONSULTING CORP	, hereby resigns as	
Name of Registered Ager	11	
Registered Agent for LONDON & LONDON I	.L.C	
N	ated Liability Company	·
Name of Lan	ited Trabitity Company	
L21000222375		
Document Number, if known		
A copy of this resignation was mailed to the a	above listed limited liability company at its last known add	ress.
The agency is terminated and the office disconnection of t	Offinged on the 31st day after the date on which this statemed which this statemed which the statemed of the 31st day after the date on which this statemed which this statemed which the 31st day after the date on which this statemed which the 31st day after the date on which this statemed which the 31st day after the date on which this statemed which the 31st day after the date on which this statemed which the 31st day after the date on which this statemed which the 31st day after the date on which this statemed which the 31st day after the date on which the 31st day after the 31st day after the date on which the 31st day after the 31st day af	ent is filed.
NILTON FREGNI		
P	yped or Printed Name	
	Capacity	
FILING \$ 85.00 \$ 25.00	FEES: Active limited liability company 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