L21000258312

(Re	questor's Name)	
(Ad	dress)	 :
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
•	,	,
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
•		
Special Instructions to	Filing Officer:	
	<u> </u>	

Office Use Only



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J 3/19/2022

COVER LETTER

Wellerman Government Services LLC	
Name of Limited Liability	Company
DOCUMENT NUMBER: L21000258312	
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee are submitted
Please return all correspondence concerning this matter to th	e following:
United States Corporation Agents, Inc.	
Name of Person	
Legalzoom.com, inc.	
Name of Firm/Company	
9900 Spectrum Dr.	
Address	
Austin, TX 78717	
City/State and Zip Code	
raresignations@legalzoom.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
at (773-0888
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

TO: Registration Section Division of Corporations

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

Pursuant to the provisi-	ons of section 605.0115. Florida Statutes, the unc	dersigned,	
United States Corporation Agents, Inc.		hereby resigns as	
Name of Registered Agent		Hereby resigns as	
Registered Agent for _	Wellerman Government Services LLC		
	Name of Limited Liability Company		 ,
L21000258312			
Document N	lumber, if known		
A copy of this resignat	ion was mailed to the above listed limited liabilit	y company at its last known ad	dress.
The agency is terminate	ed and the office discontinued on the 31st day aft	ter the date on which this stater	nent is filed
If signing on behalf of	Signature of Resigning Agent an entity:		2022 APR 13
	Cheyenne Moseley	٠,	$\overline{\omega}$:
	Typed or Printed Name		P
	Asst. Secretary for United States Corporation A	igents, Inc.	PH -: 5
	Capacity		5

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, Ft. 32314