Lalcoolagua

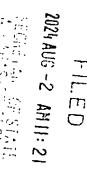
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
•	•	•		
(Doc	ument Number)	<u> </u>		
(500)	ament Hamber,			
Certified Copies	Certificates	s of Status		
Special Instructions to Filing Officer:				
	<i>A</i>	J. HORNE 106 13 2024		

Office Use Only



200434167992

08/02/24--01008--005 **25.00



COVER LETTER

SUBJECT: The Radiant Collections LLC		
	Name of Limited Liability	Company
DOCUMENT NUMBER: 1.2100027		
The enclosed Resignation of Registe for filing.	ered Agent for a Limited	d Liability Company and fee are submitted
Please return all correspondence con	cerning this matter to t	he following:
Cory Betts		
Name of Person	n	-
ZenBusiness Inc.		
Name of Firm/Com	pany	-
336 E. College Ave. Suite 301		
Address		-
Tallahassee, FL 32301		
City/State and Zip (Code	-
ra@zenbusiness.com		
E-mail address: (to be used for future a	annual report notification)	-
For further information concerning the	his matter, please call:	
Cory Betts	844 at (493-6249
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

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

Registration Section Division of Corporations

TO:

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 Stati	utes, the undersigned,	
Registered Agents Inc.		, hereby re	esions as
Na	ame of Registered Agent	, nercoy it	esigns as
Registered Agent for The I	Radiant Collections LLC		
			is the second
	Name of Limited Liability Con	mpany	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
1.21000272869			
Document Numb	er, if known		<i>₩.</i> •
A copy of this resignation	was mailed to the above listed lin	nited liability company a	at its last known address.
The agency is terminated a	nd the office discontinued on the	31st day after the date of	on which this statement is filed.
7	Wid Septs	signing Agent	
If signing on behalf of an e	ntity:		
R	egistered Agents Inc. by David Rob	perts	
·	Typed or Printed N	ame	
Α	ssistant Secretary		
_	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