

## Florida Department of State

Division of Corporations  
Electronic Filing Cover Sheet**L21 000 231340**

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To:

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

From:

Account Name : YOBI TECHNOLOGY, LLC  
Account Number : 120700000112  
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.COMLLC REGISTERED AGENT RESIGNATION  
ENGE SOLUTION S LLC

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NOV 10 2022

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2022 NOV -9 AM 10:06  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** EXPERT NETWORK S, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L21000281340

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

2022 NOV -9 AM 10:06  
SECRETARY OF STATE  
TALLAHASSEE, FL

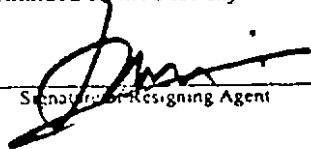
FILED

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 S, LLC  
Name of Limited Liability Company

L21000281340  
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