

K21000463759

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

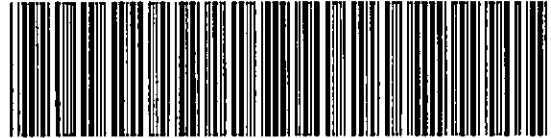
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2022 FEB - 7 AM 9:03

CLERK OF STATE
TALLAHASSEE, FL

C. BRUMBLEY

FEB 16 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Center for Covid Control LLC
Name of Limited Liability Company

DOCUMENT NUMBER: 1.21000463759

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:

Aleya Siyaj

Name of Person

Center for Covid Control LLC

Name of Firm/Company

1685 Winnetka Circle

Address

Rolling Meadows, IL 60008

City/State and Zip Code

aleyasiyaj@gmail.com

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

For further information concerning this matter, please call:

Aleya Siyaj

Name of Person

at (630) 5506919
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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,

Fawzia Safdari _____, hereby resigns as

Name of Registered Agent

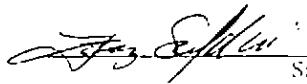
Registered Agent for Center for Covid Control LLC

Name of Limited Liability Company

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:

Fawzia Safdari

Typed or Printed Name

Registered Agent

Capacity

2022 FEB - 7 AM 9:03

FILED

STATE
OF
FLORIDA
SECRETARY

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