L22000011302

((Requestor's Name)
	Address)
	Address)
(Address)
(City/State/Zip/Phone #)
_	
☐ PICK-UP	MAIT MAIL
	Business Entity Name)
,	business Entity (varie)
(Document Number)
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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Forward Motion Notary Se	
Name of Limited Liability	Company
DOCUMENT NUMBER: L22000011302	
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 the	ne 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

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 provisio	ns of section 605.0115.	. Florida Statutes, the under	signed,			
United States Corporation Agents, Inc. Name of Registered Agent			_ , hereby resigns as			
	Name of Limit	ed Liability Company				_,
L22000011302						
Document No	ımber, if known	_				
•		ove listed limited liability				
The agency is terminate	d and the office discon	tinued on the 31st day after	the date on which	this state	ement i	s filed.
		Signature of Resigning Agent				
If signing on behalf of a	n entity:					
	Cheyenne Mosele	еу			~3	
	Туј	ped or Printed Name	-	A.C.	024	
	Asst. Secretary for Ur	nited States Corporation Age	ents, Inc.	LLAH	HA	11
		Capacity		AS:	3	
				338 0 7	70	ļΠ
	FILING F \$ 85.00 \$ 25.00	EES: Active limited liability co Administratively dissolve withdrawn limited liabili	mpany d/ voluntarily diss ty company	FLORIDE	2024 HAY 31 PM 12: 45	O

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314