L220000/4495

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(010)-010-2, p. 110-10-2,
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Bocument Number)
Certified Copies Certificates of Status
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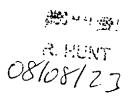
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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: FWA Consulting LLC				
Name of Limited Liabilit	y Company		-	
DOCUMENT NUMBER: L22000014495			_	
The enclosed Resignation of Registered Agent for a Limite for filing.	d Liability Company and t	fee ar	re sub	mitted
Please return all correspondence concerning this matter to t	he following:			
United States Corporation Agents, Inc.				
Name of Person	_			
Legalzoom.com, Inc.				
Name of Firm/Company	_		(m.)	
9900 Spectrum Dr.	(*) (*)		•	-
Address	_ ::		ä	
Austin, TX 78717	77 (2) 111	5.	7	r r
City/State and Zip Code	الماء 	S S	PH 8: 29	ر _{کوین} ه
raresignations@legalzoom.com	·	L.	ڡۜ	
E-mail address: (to be used for future annual report notification)	_		-	
For further information concerning this matter, please call:				
800 at (773-0888			
Name of Person Area Code	Daytime Telephone Num	ber	-	

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provision	is of section 605.011	5, Florida Statutes, the unde	ersigned,			
United States Corporation Agents, Inc.		, hereby resigns as				
	Name of Registered Age	nt	. Hereby resigns as			
Registered Agent for F\	WA Consulting LI	_C				_
						_,
	Name of Lin	nited Liability Company				
L22000014495						
Document Nu	mber, if known					
A copy of this resignation	on was mailed to the a	above listed limited liability	company at its last kn	lown ac	ddress	
The agency is terminated	d and the office disco	ontinued on the 31st day afte	r the date on which th	is state	ment	is filed.
		(, ,)				
		Signature of Resigning Agent				
It signing on behalf of a	n entity:				ر. د ::	
it signing out bench of all	Cheyenne Mose	alev.		•	***	
		Typed or Printed Name		· -	ļ	
		United States Corporation Ag	gents, Inc.	7 2 3	CD	
		Capacity		riji. Dzo	<u> </u>	frace as
			ب ب	JATE .	PH 8: 29	ge ^{1 *22} ,
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability of Administratively dissolve withdrawn limited liabil	ompany ed/ voluntarily dissolv ity company		~	

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