122000029746

(Requestor's Name)		
(Address)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
(Oity/State/Zip// Holle #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
J. HORNE		
APR 1 2 2022		

Office Use Only



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2022 MAR 28 PH 4: 37

COVER LETTER

SUBJECT: USA-Connect, LLC Nan	ne of Limited Liabi	lity Company
DOCUMENT NUMBER: 1.2200002974		
The enclosed Resignation of Registered for filing.	d Agent for a Lim	ited Liability Company and fee are submitte
Please return all correspondence concer	rning this matter t	o the following:
Roy El-Khoury		
Name of Person		
USA-Connect, ELC		
Name of Firm/Compa	ny	_
4326 Aurora Street		
Address		<u> </u>
Naples, Florida 34119		
City/State and Zip Coo	de	
roynkhoury@gmail.com		
E-mail address: (to be used for future ann	ual report notification	n)
For further information concerning this	matter, please cal	II:
Rock Aboujaoude	863 at (612-0011

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

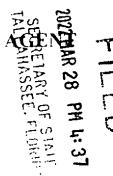
TO:

Street Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

INHS17 (2/14)

STATEMENT OF RESIGNATION OF REGISTERED FOR A LIMITED LIABILITY COMPANY



Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned.

Rock Aboujaoude

Name of Registered Agent

Name of Limited Liability Company

L22000029746

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.

If signing on behalf of an entity:

Rock Aboujaoude

Typed or Printed Name

MGMR

Document Number, if known

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