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MAR - 3 2024

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ns of section 605.0115, Florida S	tatules, the undersigned,
eResidentAgent, Inc.		, hereby resigns as
	Name of Registered Agent	
Registered Agent for	litchcock Advisors, LLC	
	Name of Limited Liability	Company
L22000096388		
Document N	amber, if known	
A copy of this resignati	on was mailed to the above listed	limited liability company at its last known address.
The agency is terminate	d and the office discontinued on	the 31st day after the date on which this segment is file
	(Signatule of Resi	gring Agent)
If signing on behalf of a	in entity:	SSE A
	Jeffrey A Unger	8: 54
	Typed or Printe	d Name
	President	
	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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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