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(Re	questor's Name)	
(Ade	dress)	
(Ad-	dress)	
(Cit	y/State/Zip/Phone :	#)
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PICK-UP	MAIT	MAIL
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(Do	cument Number)	
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2024 APR 29 PH 12: 23 SECONDARY OF STATE

FILED

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Balanced Tech Investmen	nts LLC
Name of Limited Liability	Company
DOCUMENT NUMBER: L22000100186	
The enclosed Resignation of Registered Agent for a Limited for filing.	I 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:	
Name of Person at (Area Code	773-0888 Daytime Telephone Number
7 Ted Code	Say time Telephone (Aumoe)

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 605.011	5. Florida Statutes, the under	rsigned,			
United States Corporation Agents, Inc.		, hereby resigns as	why recions as			
Name of Registered Agent			nereby rearging to			
Registered Agent for B	alanced Tech Inv	estments LLC	-			-
	Name of Lin	nited Liability Company				٠.
L22000100186						
Document No	umber, if known					
A copy of this resignation	on was mailed to the	above listed limited liability	company at its last l	known a	ddress.	,
The agency is terminate	ed and the office disco	ontinued on the 31st day after	the date on which	this state	ement i	s filed.
	<i>U</i>	Signature of Resigning Agent				
If signing on behalf of a	an entity:					
	Cheyenne Mose	eley				
	Typed or Printed Name			<i>0</i> 5	2	
	Asst. Secretary for	United States Corporation Ag	ents, Inc.	걸뜬	D24	
	<u>FILING</u> \$ 85.00 \$ 25.00	Capacity FEES: Active limited liability co Administratively dissolve withdrawn limited liabili	ed/ voluntarily disso	HASSEE, WA	2024 APR 29 PM 12: 2:	FILED

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