# L22000124477

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
(20)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Business Entry Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

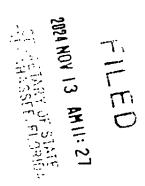
Office Use Only



500439318025

LLC RA resignation

11/13/24--01019--005 \*\*25.00



A. RAMSEY

DEC 9.2024

# **COVER LETTER**

TO:	Registration Section Division of Corporations	
SUB.	CandidProfiles LLC  JECT:	
	Name of Limited Liability Company	
DOC	UMENT NUMBER: 1.22000124477	
The e	nclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitting.	ted
Pleas	e return all correspondence concerning this matter to the following:	
Cory	Betts	
	Name of Person	
ZenB	isiness Inc.	
	Name of Firm/Company	
336 E	College Ave. Suite 301	
	Address	
Tallah	assee, FL 32301	
	City/State and Zip Code	
га@'хс	inbusiness.com	
ı	-mail address: (to be used for future annual report notification)	
For fi	orther information concerning this matter, please call:	
Cory	at (	
	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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

# STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115	Florida Statutes, the undersigned.		2 1.21 2 1.21
ZenBusiness Inc.	, hereby re	esigns as	
Name of Registered Agent			主義に
Registered Agent for CandidProfiles LLC		<u></u>	· · ·
Name of Limit	ed Liability Company		<del></del> ,
1.22000124477			
Document Number, if known	<del>_</del>		
A copy of this resignation was mailed to the ab	ove listed limited liability company a	at its last know	wn address.
The agency is terminated and the office discon	tinued on the 31st day after the date of	on which this	statement is filed.
If signing on behalf of an entity:			
ZenBusiness Inc. by K	hadijeh Hemmati		
Ту	ped or Printed Name		
Secretary			
<del></del>	Capacity		

Make checks payable to Florida Department of State and mail to:

FILING FEES:
\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314