# L22000113086

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### **COVER LETTER**

SUBJECT: Name	of Limited Liability	Company
DOCUMENT NUMBER: L22000173086		
The enclosed Resignation of Registered A for filing.	gent for a Limited	d Liability Company and fee are submitted
Please return all correspondence concerni	ng this matter to th	ne following:
Adam Saulters		
Name of Person		
ZenBusiness Inc.		
Name of Firm/Company		
336 E. College Ave. Suite 301		
Address		
Tallahassee, Ft. 32301		
City/State and Zip Code		
ra@zenbusiness.com		
E-mail address: (to be used for future annual	report notification)	•
For further information concerning this m	atter, please call:	
Adam Saulters  Name of Person	at ( <u>844</u> Area Code	493-6249 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

TO:

Registration Section Division of Corporations

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

Pursuant to the provi	isions of section 605.0115, Florida S	tatutes, the undersigned,	
ZenBusiness Inc.	, hereby resigns as		resigns as
	Name of Registered Agent	,	
Registered Agent for	1		
EXTRAORDINARY	SOLUTIONS LLC		
	Name of Limited Liability	Company	,
1.22000173086			
Documer	t Number, if known		
A copy of this resign	nation was mailed to the above listed	limited liability company	at its last known address.
The agency is termin	nated and the office discontinued on $A = A = A$	the 31st day after the date	on which this statement is filed.
	Signature o	f Resigning Agent	024 DEC -: SEUKE JAR ALL ABASS
If signing on behalf	of an entity:		Sign w
	Khadijeh Hemmati		At C
	Typed or Printe Secretary	ed Name	8: 05
	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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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

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