# L22 000 281570

(Requestor's Name)  (Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)
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Certified Copies Certificates of Status
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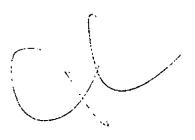
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## COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: CCM Consultants, PLLC			
Name of Limited Liability	/ Company		
DOCUMENT NUMBER: L22000281570			
The enclosed Resignation of Registered Agent for a Limited for filing.	d Liability Company and fee are	e submi	tted
Please return all correspondence concerning this matter to the	he following:		
United States Corporation Agents, Inc.			
Name of Person	-		
Legalzoom.com, Inc.			
Name of Firm/Company	-		
9900 Spectrum Dr.			
Address	-		
Austin, TX 78717		2(	
City/State and Zip Code	-	2022 SEF	
raresignations@legalzoom.com			n.
E-mail address: (to be used for future annual report notification)	-	5	
For further information concerning this matter, please call:	,	:6 HB	
Name of Person at ( Area Code	773-0888 Daytime Telephone Number	5	
7 Hed Code	Dayame receptione (valide)		

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provision	ns of section 605.011	5, Florida Statutes, the under	signed,		
United States Corporation Agents, Inc.		, hereby resigns as			
Name of Registered Agent					
Registered Agent for Co	CM Consultants,	PLLC		_	_
					_,
	Name of Lin	nited Liability Company			
L22000281570					
Document Nu	mber, if known				
A copy of this resignatio	n was mailed to the a	above listed limited liability of	company at its last known	address	
The agency is terminated	d and the office disco	ontinued on the 31st day after	the date on which this sta	atement i	s filed.
		au			
		Signature of Resigning Agent		2(	
If signing on behalf of a	n entity:			)22;	
	Cheyenne Mose	eley		2022 SFP 16	
	7	'yped or Printed Name		16	*. 5.3
Asst. Secretary for United States Corporation Agents, Inc.		ents, Inc.	AH	. a h	
		Capacity	•	 9	تت
			_	-5	
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability co Administratively dissolve withdrawn limited liabili	mpany d/ voluntarily dissolved/ ty company		

Make checks payable to Florida Department of State and mail to: **Division of Corporations** P.O. Box 6327

Tallahassee, FL 32314