L22000391302

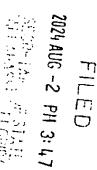
(Re	equestor's Name)			
(Ad	ddress)			
(Ac	idress)			
(Ci	ty/State/Zip/Phone	· #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	usiness Entity Nam	ne)		
(Do	ocument Number)			
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				
	J H	DRWE 2024		

Office Use Only



300434168303

08/02/24--01008--014 **25.00



COVER LETTER

SUBJECT: Name of Lim	ited Liability	Company
DOCUMENT NUMBER: L22000391302		
The enclosed Resignation of Registered Agent f for filing.	for a Limited	d Liability Company and fee are submitted
Please return all correspondence concerning this	s matter to tl	he following:
Cory Betts		
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 matter, [please call:	
Cory Betts	844	493-6249
Name of Person		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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Registration Section Division of Corporations

TO:

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 provision	ons of section 605.0115. Florida Statutes, the under	signed.	
ZenBusiness Inc.		, hereby resigns as	
	Name of Registered Agent		
Registered Agent for	tichard Young Ministries Limited Liability Company		
			35.
	Name of Limited Liability Company		,
1.22000391302			
Document N	umber, if known		
A copy of this resignati	ion was mailed to the above listed limited liability of	company at its last ki	nown address.
The agency is terminate	ed and the office discontinued on the 31st day after Signature of Resigning Agent	the date on which th	nis statement is filed.
If signing on behalf of	an entity:		
	ZenBusiness Inc. by Khadijeh Hemmati		
	Typed or Printed Name		
	Secretary		
	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