L2200039193

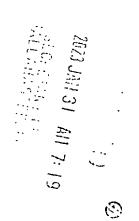
(Requestor's Name)
(.	Address)
	Address)
(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies	Certificates of Status
Special Instructions	to Filing Officer:
	J. HORNE APR - 5 2023

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01/31/23--01013--014 **85.00



COVER LETTER

SUBJECT: Flysolo LLC Name of Limited Liability	/ Company
DOCUMENT NUMBER: L22000391733	
The enclosed Resignation of Registered Agent for a Limite for filing.	d Liability Company and fee are submitted
Please return all correspondence concerning this matter to t	he following:
Cory Betts	
Name of Person	-
ZenBusiness Inc.	
Name of Firm/Company	-
336 E. College Ave. Suite 301	
Address	•
Tallahassee, FL 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 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provisions of section 605.0115, Florida Statutes, the undersigned,			:		
ZenBusiness Inc. , hereby resigns as		sions as		حر. پ	
	Name of Registered Agent	51 <u>5</u> 111. 115	9		_
Registered Agent for _	Flysolo LLC	· · · · · · · · · · · · · · · · · · ·		,	3
	Name of Limited Liability Company				
1,22000391733					
Document N	Sumber, if known				
A copy of this resignat	ion was mailed to the above listed limited liability company a	t its last known a	ddress.		
The agency is terminat	ed and the office discontinued on the 31st day after the date of Signature of Resigning Agent	n which this state	ment is	filed.	
If signing on behalf of	an entity:				
	ZenBusiness Inc. by Khadijeh Hemmati				
	Typed or Printed Name				
	Manager				
	Capacity				

\$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