# (22000412961

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
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### **COVER LETTER**

TO: Registration Section Division of Corporations

SUBJECT: Xavier Firearms Training & Solutions LLC
Name of Limited Liability Company
DOCUMENT NUMBER: L22000472961
The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
United States Corporation Agents, Inc.
Name of Person
Legalzoom.com, Inc.
Name of Firm/Company
9900 Spectrum Dr.
Address
Austin, TX 78717
City/State and Zip Code
raresignations@legalzoom.com
E-mail address: (10 be used for future annual report notification)
For further information concerning this matter, please call:
at ( <u>800</u> ) 773-0888
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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

Pursuant to the provis	sions of section 605.0115, Florida Statutes, the unde	rsigned.
United States Co	rporation Agents, Inc.	, hereby resigns as
	Name of Registered Agent	. Hereby resigns as
Registered Agent for	Xavier Firearms Training & Solutions LLC	
_	Name of Limited Liability Company	·
L22000472961		
Document	Number, if known	
	ntion was mailed to the above listed limited liability	
The agency is termina	ated and the office discontinued on the 31st day after	r the date on which this statement is filed.
	Signature of Resigning Agent	
If signing on behalf o	fan entity:	
	Cheyenne Moseley	
	Typed or Printed Name	<del></del>
	Asst. Secretary for United States Corporation Agr	ents, Inc.
	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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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