# L22000 485 085

(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:		

Office Use Only



900431759689

06/21/24--01004--019 \*\*25.00

2024 JUN 21 AM 7:59 SECRETARY OF SEVE

#### **COVER LETTER**

Theiss Business Solutions II, LLC Name of Limited Liability Company DOCUMENT NUMBER: L22000485085 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: (to be used for future annual report notification) For further information concerning this matter, please call: Name of Person

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

TO:

Registration Section Division of Corporations

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

Pursuant to the provisi-	ons of section 605.0115, Florida Statutes, the unde	ersigned,	
United States Corporation Agents, Inc.		_ , hereby resigns as	
	Name of Registered Agent	, hereby resigns as	
Registered Agent for	Theiss Business Solutions II, LLC		_
	Name of Limited Liability Company		
L22000485085			
Document N	umber, if known		
A copy of this resignati	ion was mailed to the above listed limited liability	company at its last known address.	,
The agency is terminate	ed and the office discontinued on the 31st day after	er the date on which this statement i	s filed.
	Crik Trautlain Signature of Resigning Agent		
	Signature of Resigning Agent	202 SE	
If signing on behalf of an entity:		PA JI	
	Erik Treutlein	2024 JUH 21 MM SECRETARY OF TALL AHASSET	
	Typed or Printed Name	<del></del>	: 77
	Vice President for United States Corporation Ag	gents, Inc.	1,423). OLERET
	Capacity	7: 59 S FU S. FU	T-1291

### **FILING FEES:**

\$ 85.00 Active limited liability company
\$ 25.00 Administratively 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