# L22000485593

(Requestor's Name)
(requested straine)
(Address)
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#### **COVER LETTER**

Registration Section Division of Corporations TO: SUBJECT: Trajecutive LLC Name of Limited Liability Company DOCUMENT NUMBER: L22000485593 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:

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 unders	igned,
United States Corporation Agents, Inc.			hereby resigns as
	Name of Registered Ager		
Registered Agent for <u>Tr</u>	ajecutive LLC		
	Name of Lim	ited Liability Company	
L22000485593			
Document Nu	mber, if known	<del></del> -	
A copy of this resignation	on was mailed to the a	bove listed limited liability c	ompany at its last known address.
The agency is terminated	d and the office disco	ntinued on the 31st day after	the date on which this statement is filed.
		Signature of Resigning Agent	<del></del>
If signing on behalf of a	n entity:	Signature and Si	
Ç Ç	Cheyenne Mose		
	J.		
	Asst. Secretary for U	nts, Inc.	
		Capacity	
			· ::
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability cor Administratively dissolved withdrawn limited liability	npany I/ voluntarily dissolved/ y company

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314