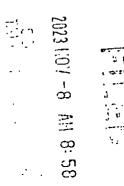
# L 22000523045

(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:				
milt				
Office Hea Only				



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### COVER LETTER

TO:	Registration Section Division of Corporations	
	PVTTRAINERS	ПС

SUBJECT:	Commence
Name of Limited Liability	Company
DOCUMENT NUMBER: L22000523045	<del></del>
The enclosed Resignation of Registered Agent for a Limited for filing.	d Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	he 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:	
800	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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

INHS17 (2/14)

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

Pursuant to the provision	ns of section 605.0115, Florida Statutes, the under	rsigned,		
United States Corporation Agents, Inc.		, hereby resigns as		
Name of Registered Agent				
Registered Agent for P	VTTRAINERS, LLC			
	Name of Limited Liability Company			<u>_</u> ·
L22000523045				
Document Nu	ember, if known			
A copy of this resignation	on was mailed to the above listed limited liability of	company at its last knov	vn addres	s.
The agency is terminated	d and the office discontinued on the 31st day after	the date on which this:	statemen	is filed
	Signature of Resigning Agent		2023 HOV	******
If signing on behalf of a	n entity:		. i.0	g under second
	Cheyenne Moseley		<del>-</del> 6	J 4 TIER
	Typed or Printed Name Asst. Secretary for United States Corporation Age	ents, Inc.	₽H 8:	j i i
	Capacity	·:	\$ 58	
	FILING FEES: \$ 85.00 Active limited liability co \$ 25.00 Administratively dissolve withdrawn limited liability	mpany d/ voluntarily dissolved ty company	.1/	

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