# 623000045418

(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:			

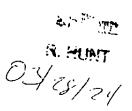
Office Use Only



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93/28/24--01008--003 \*\*25.00





### **COVER LETTER**

TO: Registration Section Division of Corporations

SUBJECT: Equivalent Service LLC		
Name of Limited Liability	/ Company	
DOCUMENT NUMBER: <u>L23000045418</u>		
The enclosed Resignation of Registered Agent for a Limited for filing.	d Liability Company ar	nd 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.		<i>18</i> :
Address	-	
Austin, TX 78717		
City/State and Zip Code	-	
raresignations@legalzoom.com		PILI2: 45
E-mail address: (to be used for future annual report notification)	_	
For further information concerning this matter, please call:		• • •
800 at (	773-0888	
Name of Person Area Code	Daytime Telephone N	lumber

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 605.0115,	Florida Statutes, the undersi	gned,
United States Corporation Agents, Inc. , hereby resigns as		nereby resigns as	
•	Name of Registered Agent		
Registered Agent for E	quivalent Service L	.LC	
			,
	Name of Limit	ed Liability Company	
L23000045418			
Document Nu	mber, if known		
A copy of this resignation	on was mailed to the ab	ove listed limited liability co	mpany at its last known address.
The agency is terminated	d and the office discon	tinued on the 31st day after t	he date on which this statement is filed.
		Signature of Resigning Agent	
		Signature of Resigning Agent	
lf signing on behalf of a	n entity:		
	Cheyenne Mosel	ey	
	-	ped or Printed Name	
	Asst. Secretary for Ur	nited States Corporation Ager	its, Inc.
		Capacity	
	FILING F \$ 85.00 \$ 25.00	EES: Active limited liability con Administratively dissolved withdrawn limited liability	npany / voluntarily dissolved/ 5

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