L230000134111

(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:			
J. HORNE APR 1 6 2024			

Office Use Only



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03/27/24--01024--623 **25.00



COVER LETTER

TO: Registration Section Division of Corporations

LC
Company
Liability Company and fee are submitted
ne following:
773-0888
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 FILED FOR A LIMITED LIABILITY COMPANY

Pursuant to the provis	sions of section 605.0115, Florida Statutes, the	undersigned,
United States Co	rporation Agents, Inc.	hanahu mai una aa
	Name of Registered Agent	, hereby resigns as
Registered Agent for	Wright Track Consulting LLC	<u>. </u>
	Name of Limited Liability Company	,
L23000073477		
Document	Number, if known	
_	ation was mailed to the above listed limited liab	oility company at its last known address. After the date on which this statement is filed.
	Signature of Resigning A	<u>g</u> ent
If signing on behalf o	f an entity:	
	Cheyenne Moseley	
	Typed or Printed Name	
	Asst. Secretary for United States Corporation	on Agents, Inc.

FILING FEES: \$ 85.00

Active limited liability company
Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company \$ 25.00

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