L23000084423

(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:	
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Requestor's Name)
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COVER LETTER

- TO: Registration Section Division of Corporations

SUBJECT: Skylink Technolog	ies LLC		
Name of Li	mited Liabilit	y Company	**
DOCUMENT NUMBER: L23000084423			
The enclosed Resignation of Registered Agent for filing.	for a Limite	d Liability Company	and fee are submitted
Please return all correspondence concerning th	is matter to t	he following:	~.ì
United States Corporation Agents, Inc.			2024 JAN 17 AM 10: 34
Name of Person		-	-!!
Legalzoom.com, inc.			
Name of Firm/Company		_	
9900 Spectrum Dr.			0: 34 5 5 1
Address		-	(3)
Austin, TX 78717			
City/State and Zip Code		_	
raresignations@legalzoom.com			
E-mail address: (to be used for future annual repor	t notification)	_	
For further information concerning this matter,	please call:		
	800 t (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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

United States Co	rporation Agents, Inc.	
	Name of Registered Agent	hereby resigns as
	•	
Registered Agent for	Skylink Technologies LLC	
	Name of Limited Liability Company	,
L23000084423		NEW YORK
Document	Number, if known	三 電子
	ation was mailed to the above listed limited liability o	ompany at its last known address.
The agency is termina	ated and the office discontinued on the 31st day after	the date on which this statement is filed.
The agency is termina	Signature of Resigning Agent	the date on which this statement is filed.
	Signature of Resigning Agent	the date on which this statement is filed.
	Signature of Resigning Agent	the date on which this statement is filed.
The agency is terminal termina	Signature of Resigning Agent	the date on which this statement is filed.
	Signature of Resigning Agent f an entity:	the date on which this statement is filed.
	Signature of Resigning Agent f an entity: Cheyenne Moseley	34

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

Active limited liability company
Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company

FILING FEES:

\$ 85.00 \$ 25.00