L23000095356

(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			
JUL - Z 2024			
J. HORNE			

Office Use Only



65/20/24--01018--019 **25.00

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Howdyshell Consulting LL	
Name of Limited Liability	Company
DOCUMENT NUMBER: L23000095356	
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	ne 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 at (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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Pursuant to the provi-	sions of section 605.0115, Florida Statutes, the unders	signed,
United States Corporation Agents, Inc.		_ , hereby resigns as
	Name of Registered Agent	nereby resigns as
Registered Agent for	Howdyshell Consulting LLC	
		1011
	Name of Limited Liability Company	
L23000095356		3
Document	Number, if known	
	ation was mailed to the above listed limited liability co ated and the office discontinued on the 31st day after t	ω
	Signature of Resigning Agent	———
If signing on behalf o	f an entity:	
	Cheyenne Moseley	
	Typed or Printed Name	
	Asst. Secretary for United States Corporation Ager	nts, Inc.
	Capacity	

FILING FEES:
\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

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