

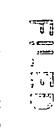
| (Re | questor's Name) | | | | |
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| (Ad | dress) | | | | |
| (Cit | y/State/Zip/Phon | e #) | | | |
| PICK-UP | ☐ WAIT | MAIL | | | |
| (Bu | siness Entity Nar | me) | | | |
| (Document Number) | | | | | |
| ertified Copies Certificates of Status | | | | | |
| Special Instructions to f | Filing Officer: | | | | |
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COVER LETTER

| SUBJECT: LifeSolve LLC | |
|--|---|
| Name of Limited Liability | Company |
| DOCUMENT NUMBER: L23000196620 | |
| 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 | e 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: | |
| 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

TO: Registration Section Division of Corporations

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 605.011 | 5. Florida Statutes, the unde | ersigned, | | | |
|--|--------------------------------|--|---|------------|--------------|----------|
| United States Corporation Agents, Inc. | | , hereby resigns as | | | | |
| Name of Registered Agent | | | | ngns as | | |
| Registered Agent for | ifeSolve LLC | | | | | |
| | | | | | , | |
| | Name of Lim | ited Liability Company | | | | |
| L23000196620 | | | | | | |
| Document No | umber, if known | - | | | | |
| A copy of this resignation | on was mailed to the a | bove listed limited liability | company at its last k | nown ac | ldress. | |
| The agency is terminate | d and the office disco | ntinued on the 31st day afte | r the date on which t | his stater | ment is | filed. |
| | | Signature of Resigning Agent | | | | |
| If signing on behalf of a | n entity: | The state of the s | | | 2024 MAR 1 1 | |
| | Cheyenne Mose | ley | | = | H.R | <u>"</u> |
| | | yped or Printed Name | | | | 77 |
| Asst. Secretary for United States Corporation Agents, Inc. | | ents, Inc. | | 7 | - ب ان ان | |
| | | Capacity | | | MHH: 2: | 234.E |
| | | | | | : 23 | |
| | FILING \$ 85.00 \$ 25.00 | FEES: Active limited liability co Administratively dissolve withdrawn limited liabili | ompany ed/ voluntarily dissol ity company | lved/ | | |

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