# L23000 31442a

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TALLAHASSLE FLURIDA

### **COVER LETTER**

	nited Liability	Company
DOCUMENT NUMBER: L23000314426		
The enclosed Resignation of Registered Agent for filing.	for a Limited	Liability Company and fee are submitted
Please return all correspondence concerning th	is matter to th	ne following:
Sarah Balen		
Name of Person		
MyCompanyWorks, Inc.		
Name of Firm/Company		
187 E. Warm Springs Rd., Suite B		
Address		
Las Vegas, NV 89119		
City/State and Zip Code		
filings@mycompanyworks.com		
E-mail address: (to be used for future annual repor	t notification)	
For further information concerning this matter,	please call:	
Sarah Balen	, 702	362-2677
Name of Person	Area Code	362-2677  Daytime Telephone Number

#### MAILING ADDRESS:

Registration Section Division of Corporations

TO:

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	ons of section 605.0115, Florida Statutes, the ur	idersigned,			
Registered Agent Solutions, Inc.  Name of Registered Agent		, hereby resigns as			
	Name of Limited Liability Company	<del></del>			_•
L23000314426					
Document N	umber, if known				
A copy of this resignati	on was mailed to the above listed limited liabil	ity company at its last k	cnown a	iddress.	
The agency is terminate	ed and the office discontinued on the 31st day a	fter the date on which (	this state	ement i	s filed.
	/s/ Jennifer Peters				
	Signature of Resigning Age	nt			
If signing on behalf of a	an entity:		TÃL	2024 (	<b></b> 1
	Jennifer Peters		<u>P</u> .	0CT	11
	Typed or Printed Name		ASS S	21	Ī
	Assistant Secretary of Registered Agent Sol	lutions, Inc.	m;	-0	[I]
	Capacity		TĂLLAHĀSSĒĒ, FLORIDA	2024 OCT 21 PM 1: 10	U
	FILING FEES:		IOA	0	
	\$ 85.00 Active limited liability	olved/ voluntarily disso	olved/		

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