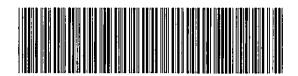
L 23000425336

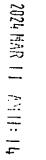
(Rec	questor's Name)	
(Add	iress)	
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(City	//State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Name)	
(Doc	cument Number)	
Certified Copies	Certificates of Stat	us
Special Instructions to F	iling Officer:	
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COVER LETTER

TO: Registration Section
Division of Corporations

Lucas Murphy Consulting LLC

SUBJECT: Name of Limited Liability	Company
DOCUMENT NUMBER: L23000425336	· · ·
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:	
Name of Person at (Area Code	773-0888 Daytime Telephone Number
Traine of Letson Area Code	Say time Telephone Tumber

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provisi	ons of section 605.0115, Florida Statutes, the unde	rsigned,	
United States Corporation Agents, Inc. , here		, hereby resigns as	
		_ , hereby resigns as	
Registered Agent for _	Lucas Murphy Consulting LLC		_
	Name of Limited Liability Company		_*
L23000425336			
Document 8	Number, if known		
	ion was mailed to the above listed limited liability ed and the office discontinued on the 31st day after	r the date on which this statement i	s filed.
	Signature of Resigning Agent	2024 MAR 1	77
If signing on behalf of	an entity:		·
	Cheyenne Moseley	ents Inc.	
	Typed or Printed Name		-
	Asst. Secretary for United States Corporation Ag	ents, 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