L23000430929

(R	equestor's Name)	
(Á	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone #)
PICK-UP	WAIT	MAIL
(Bo	usiness Entity Name)	
(De	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to Filing Officer:		
Limils		
Office Use Only		



200424436952

02/26/24--01012--022 **25.00

COVER LETTER

TO: Registration Section	
Division of Corporations	
SUBJECT: United Careers LLC	
Name of Limited L	iability Company
DOCUMENT NUMBER: L23000430929	
The enclosed Resignation of Registered Agent for a L for filing.	imited Liability Company and fee are submitted
Please return all correspondence concerning this matt	er to the 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)	ation)
For further information concerning this matter, please	call:
800 at (773-0888
· · · · · · · · · · · · · · · · · · ·	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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provisi	ions of section 605.0115, Florida Statutes, the unde	rsigned,
United States Cor	rporation Agents, Inc.	, hereby resigns as
	Name of Registered Agent	
Registered Agent for	United Careers LLC	
	Name of Limited Liability Company	<u> </u>
L23000430929		
Document	Number, if known	
A copy of this resigna	tion was mailed to the above listed limited liability	company at its last known address.
The agency is termina	ited and the office discontinued on the 31st day afte	r the date on which this statement is filed.
	Signature of Resigning Agent	
If signing on behalf of	f an entity:	•
	Cheyenne Moseley	
	Typed or Printed Name	
	Asst. Secretary for United States Corporation Ag	ents, Inc.
	Capacity	

FILING FEES:

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withdrawn limited liability company \$ 85.00 \$ 25.00

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