L23000480262

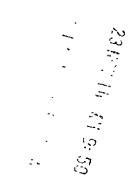
<u></u>		
(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone #)
PICK-UP	WAIT	MAIL
	siness Entity Name)	
(80	siness chuty Name,	•
(Do	cument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to	Filina Officer:	
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Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations

FOUR TECHH LLC SUBJECT:	
Name of Limited Liability	Company
DOCUMENT NUMBER: L23000480262	<u>.</u>
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 th	e following:
Travis Crabtree	
Name of Person	
LEGALCORP SOLUTIONS, LLC	
Name of Firm/Company	
3 Greenway Plaza #1320	
Address	
Houston, TX 77046	
City/State and Zip Code	
kamranawana35@gmail.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
LegalCorp Solutions, LLC 888 at (534-3018
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisi	ions of section 605.	0115, Florida Statutes, the undo	ersigned,		3 ===
LegalCorp Solutions, L			, hereby resigns as	•	
15.5	Name of Registered	Agent	, , ,		1
Registered Agent for _	Four Techh LLC				<u></u>
	A - 84				- #
	Name of	f Limited Liability Company			··· ·····
1.23000480262					
Document :	Number, if known				
-		the above listed limited liability iscontinued on the 31st day after			
		Signature of Resigning Agent			
If signing on behalf of	an entity:				
	Travis Crabtree				
		Typed or Printed Name	<u>-</u>		
	Member				
		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