# L23000487927

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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### **COVER LETTER**

SUBJECT: NexusCo LLC Name of Limited Liability Company DOCUMENT NUMBER: L23000487927 The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing. Please return all correspondence concerning this matter 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) For further information concerning this matter, please call: Name of Person 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited

### MAILING ADDRESS:

liability company.

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 provisions of section 605.0115, Florida Statutes, th	ie undersigned	K30 PH 1:10
United States Corporation Agents, Inc.	hereby resigns as	27.0
Name of Registered Agent	thereby resigns as	14. <u>1</u>
Registered Agent for NexusCo LLC		<u> </u>
Name of Limited Liability Company		•
L23000487927		
Document Number, if known		
A copy of this resignation was mailed to the above listed limited lia.  The agency is terminated and the office discontinued on the 31st date.		
Signature of Resigning	Agent	
If signing on behalf of an entity:		
Cheyenne Moseley		
Typed or Printed Name		
Asst. Secretary for United States Corporat	tion Agents, Inc.	
Capacity	<del></del>	

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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