L23000508275

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Division of Corporations	
SUBJECT: Glover Solutions Group Ll Name of Limited Liability	_C
DOCUMENT NUMBER: L23000508275	
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:	
at (773-0888
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

TO:

Registration Section

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ons of section 605.0115, Florida Statutes, the	undersigned.	
United States Corp	poration Agents, Inc.	, hereby resigns as	
	Name of Registered Agent	thereby resigns as	
Registered Agent for _	Glover Solutions Group LLC		
	Name of Limited Liability Company		 ,
L23000508275			
Document N	lumber, if known		
A copy of this resignat	on was mailed to the above listed limited liab	pility company at its last known addr	ess.
The agency is terminat	ed and the office discontinued on the 31st day	y after the date on which this stateme	ent is filed.
:	Crip Treutles	in	
	Signature of Resigning A	gent -	2
If signing on behalf of	an entity:	TALLAHASSI	≦ = ~~[`l
	Erik Treutlein	HAT DE	Ē
	Typed or Printed Name	rn *	(T-F-1
	Vice President for United States Corporation	on Agents, Inc.	
	Capacity	FLORIDA	PM 4: 08

FILING FEES: \$ 85.00 Active \$ 25.00 Admi Active limited liability company
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withdrawn limited liability company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