124000272723

(Re	equestor's Name)	
(Ac	idress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
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SECRETARY OF STATE TALLAHASSEE, FLORID!

2025 MAY 30 PM 6: 13

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COVER LETTER

Division of Corporations

SUBJECT: CIRCUMDANT LLC

Name of Limited Liability Company DOCUMENT NUMBER: L24000272723 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 10601 Clarence Drive Suite 250 Address Frisco, TX 75034 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

A 100 10

Pursuant to the provision	s of section 605.0115.	Florida Statutes, the under	signed,			
Name of Registered Agent		, hereby resigns as				
Registered Agent for Cl	RCUMDANT LLC					
	Name of Limite	d Liability Company			•	
L24000272723						
Document Nu	mber, if known	_				
A copy of this resignation	on was mailed to the abo	ove listed limited liability	company at its last kno	own addre	SS.	
The agency is terminated		inued on the 31st day after	r the date on which thi	s statemer	ıt is fil	ed.
		Signature of Resigning Agent				
If signing on behalf of a	n entity:			SEC! FALL!	2025 MAY 30 PM	
	Erik Treutlein	<u></u>		Æ.	MAY	77
	••	ed or Printed Name		AR)	ည်	
	Vice President on behalf	of United States Corporation A	gents, Inc.	E C	70	E
		Capacity		CRETARY OF STATE LAHASSEE, FLORIDA	¥ 6: I3	ر
	<u>FILING F</u>	EES:				
	\$ 85.00 \$ 25.00	Active limited liability of Administratively dissolve withdrawn limited liabil	ed/ voluntarily dissolv	/ed/		

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