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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (614)573-3996

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: @3-agenuesignations@woitershluwer com

LLC REGISTERED AGENT RESIGNATION WIRELESS ADVOCATES, LLC

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To: Page: 2 of 2 2024-01-16 06:59:24 PST 17135830905 From: Anuj Mahajan

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ons of section 605.011:	5, Florida Statutes, the unders	signed,			
C T CORPORATION SYSTEM		horeby resions	reby resigns as			
Name of Registered Agent						
Registered Agent for _						
	WIRELESS A	DVOCATES, LLC				
	Name of Lim	ited Liability Company				<u> </u>
10500	2004310					
	00004318					
Document N	lumber, it known					
A copy of this resignati	ion was mailed to the a	bove listed limited liability c	ompany at its la	ast known	addres	SS.
		• • • • • • • • • • • • • • • • • • •				
The agency is terminate	ed and the office disco	ntinued on the 31st day after	the date on whi	ich this sta	itemen	t is filed.
	7	lancy Helm-Brown				
						
		Signature of Resigning Agent				
If signing on behalf of	an entity:					
	NANCY HELM-BRO	NWC				
	T	yped or Printed Name				
	ASSISTANT SECRE	TARY			ا تنجيا	
	···································	Capacity				
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	FILING	FEES:			₩.	. ~
	\$ 85.00	Active limited liability cor Administratively dissolved	npany			ŧ ;
	\$ 25.00	 Administratively dissolved withdrawn limited liabilit 	I/ voluntarily d	issolved/	2:	¥;
		a marana minica naomi	y company	: :	1.0	

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