

3/14/24, 6:18 PM

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H24000098785 3)))



H240000987853ABCA

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

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: cls-agentresignations@wolterskluwer.com

FILED  
2024 MAR 14 PM 2:51  
TALLAHASSEE, FLORIDA

**LLC REGISTERED AGENT RESIGNATION  
CHRONOS SOLUTIONS, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

RECEIVED  
2024 MAR 14 AM 9:34  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

[Electronic Filing Menu](#)[Corporate Filing Menu](#)[Help](#)

K. SALY

MAR 15 2024

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

NRAI SERVICES, INC

\_\_\_\_\_  
Name of Registered Agent

, hereby resigns as

Registered Agent for \_\_\_\_\_

CHRONOS SOLUTIONS, LLC

\_\_\_\_\_  
Name of Limited Liability Company

M109000002834

\_\_\_\_\_  
Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

*Nancy Helm-Brown*

\_\_\_\_\_  
Signature of Resigning Agent

If signing on behalf of an entity:

NANCY HELM-BROWN

\_\_\_\_\_  
Typed or Printed Name

ASSISTANT SECRETARY

\_\_\_\_\_  
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withdrawn limited liability company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

FILED  
2024 MAR 14 PM 2:57  
TALLAHASSEE, FLORIDA