Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INCORP SERVICES INC

Account Number : 120120000007
Phone : (702)866-2500
Fax Number : (702)866-2689

2021 JAN 22 PM 12: 10

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

Email Address: processing@incorp.com

LLC REGISTERED AGENT RESIGNATION FC BACKGROUND, LLC

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Electronic Filing Menu

Corporate Filing Menu

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COVER LETTER

TO: Registration Section Division of Corporations	
FC BACKGROUND, LLC	
Name of Limited Liability	Company
DOCUMENT NUMBER: M15000003182	
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	e following:
Wendy Hefley	
Name of Person	
Incorp Services, Inc.	
Name of Firm/Company	
3773 Howard Hughes Parkway, Suite 500S	
Address	
Las Vegas, NV 89169-6014	
City/State and Zip Code	
processing@incorp.com	
E-mail address: (to be used for future annual report notification)	•
For further information concerning this matter, please call:	
Incorp Services, Inc./Wendy Hefley 702	866-2500 ext 6904 Daytime Telephone Number
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ons of section 605.0115, Florida Statutes, the unc	dersigned,	
Incorp Services, I	nc.	, hereby resigns as	
	Name of Registered Agent	_,, .,, .,	
Registered Agent for	C BACKGROUND, LLC		
	Name of Limited Liability Company		
M15000003182			
Document N	lumber, if known		
A copy of this resignat	ion was mailed to the above listed limited liability	ty company at its last known	address.
The agency is terminat	ed and the office discontinued on the 31st day at	fter the date on which this sta	atement is filed.
	Signature of Presigning Agen	· 特古	21 1
If signing on behalf of	2.0	·	JW 22
	Wendy Hefley for Incorp Services, In-	c	3 3
	Typed or Printed Name		
	Authorized Representative		f: 2
	Capacity	**	26

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