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.

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Ta:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INCORP SERVICES INC

Account Number : 120120000007 Phone : (702)866-2500 Fax Number : (702)900-2290

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

Email Address: documents@incorp.com

## LLC REGISTERED AGENT RESIGNATION WILLIS GROUP US, LLC

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Page Count	03
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FEB 1 7 2023

K. Brumbley

## **COVER LETTER**

TO: Registration Section Division of Corporations	
WILLIS GROUP US, LLC	
SUBJECT:	4 7 7 6 1
	nuted Liability Company
DOCUMENT NUMBER: M150000041	36
The enclosed Resignation of Registered Agent for filing.	for a Limited Liability Company and fee are submitted
Please return all correspondence concerning th	nis matter to the following:
Wendy Hefley	
Name of Person	······································
Incorp Services, Inc.	
Name of Firm/Company	
3773 Howard Hughes Parkway, Suite 50	os
Address	
Las Vegas, NV 89169-6014	
City/State and Zip Code	
processing@incorp.com	
E-mail address. (to be used for future annual report	(t notification)
For further information concerning this matter	, please call:
Incorp Services, Inc./Wendy Hefley Name of Person	702 866-2500 ext 6904
Name of Person	Area Code Daytime Telephone Number
Enclosed is a check made payable to the Florid liability company or \$25.00 for an administrat liability company.	da Department of State for \$85.00 for an active limited ively dissolved, voluntarily dissolved or withdrawn limited
MAHLING ADDRESS:	STREET ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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	s of section 605.0115, Florida Sta	tutes, the undersigned,
Incorp Services, Inc	<b>)</b> .	, hereby resigns as
	Name of Registered Agent	
Registered Agent for W	LLIS GROUP US, LLC	
	Name of Limited Liability Co	ompany
M15000004136		
Document Nur	nber, if known	
A copy of this resignation	n was mailed to the above listed li	mited liability company at its last known address.
The agency is terminated	watt	e 3 lst day after the date on which this statement is filed.
If signing on behalf of an	entity:	
	Wendy Hefley for Incorp Se	ervices, Inc.
	Typed or Printed	Name
	Authorized Representative	
	Сарасіту	

Active limited liability company Administratively dissolved voluntarily dissolved

withdrawn limited liability company

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Make checks payable to Florida Department of State and mail to:

FILING FEES:

\$ 85.00 \$ 25,00