M15000005308

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ECRETARY OF STATE
LAHASSEE, FLORIDA

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S Warren FEB 0 1 2017

COVER LETTER

SUBJECT: SANDOVAL CONSULTANT LLC Name of Limited Liability	
	Company
DOCUMENT NUMBER: M15000005308	
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	ne following:
Amanda Archambault	
Name of Person	
National Corporate Research, LTD.	
Name of Firm/Company	
850 New Burton Rd Suite 200	
Address	
Dover, DE 19904	
City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Amanda Archambault 866	621-3524 ext. 3041 Daytime Telephone Number
Name of Person Area Code	Daytime Telephone Number
Enclosed is a check made payable to the Florida Departmen liability company or \$25.00 for an administratively dissolve liability company.	of State for \$85.00 for an active limited d, voluntarily dissolved or withdrawn limited

MAILING ADDRESS:

Registration Section

TO:

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	ns of section 605.011	5, Florida Statutes, the unc	dersigned,			
National Corporate	Research, LTD.		, hereby resign	s as		
	Name of Registered Age		_,,,			
Registered Agent for S	ANDOVAL CONS	BULTANT LLC				
	Name of Lim	nited Liability Company				•
M15000005308						
Document Nu	mber, if known					
A copy of this resignation	on was mailed to the a	above listed limited liabilit	y company at its	last kı	nown a	ddress.
The agency is terminated	d and the office disco	intinued on the 31st day aff	ter the date on wi	nich th	nis state	ement is filed.
	BRO	Signature of Resigning Agent	Jes _			
If signing on behalf of a	n entity:					
	Brooke Daugher	rty-Hayes		- 23		· magang
	T	yped or Printed Name		27 (23 20 (7) 21 (7)		1
	Assistant Secret	ary		720	L Jugar Marie	-
		Capacity	; -		7.	
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability Administratively dissol withdrawn limited liab	company ved/voluntarily	TATE	A II: 09: ved/	O .

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