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To:

Division of Corporations

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: (850)617-6383

From:

Account Name : CAPITOL CORPORATE SERVICES, INC.

Account Number : I20160000048 Phone : (800)345-4647 Fax Number : (800)432-3622

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

LLC REGISTERED AGENT RESIGNATION CYBER RISK MANAGEMENT, LLC

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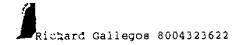
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Corporate Filing Menu

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STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

-	ins of section 605.0115, Florida Statutes, the undersigned,	
Capito	Corporate Services, Inc. , hereby resig	ns as
	Name of Registered Agent	
Registered Agent for	CYBER RISK MANAGEMENT, LL	C
L	Name of the Limited Liability Company	
	00003973 umber, if known	
A copy of this resignation	on was mailed to the above listed limited liability company at it	s last known address.
The agency is terminate	ed and the office discontinued on the 31st day after the date on v	which this statement is filed.
	Bin Brelaki	
	Signature of Resigning Agent	
If signing on behalf of a	in entity:	
	Brian Radecki	
	Typed or Printed Name	202
	Assistant Secretary	
	Capacity	- 불법 🗣 🔔 🕏
		APPRO AN FILE 2024 NOV 2.1 CANTAGES OF

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

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