

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet
M20000360649 1073

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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)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
LEARN, LOOK, LOCATE LLC**

Certificate of Status	0
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Page Count	02
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OCT 21 2022
K. Brumby

COVER LETTER

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TO: Registration Section
Division of Corporations

SUBJECT: LEARN, LOOK, LOCATE LLC

Name of Limited Liability Company

DOCUMENT NUMBER: M20000001073

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Karen Gibson

Name of Person

InCorp Services, Inc.

Name of Firm/Company

3773 Howard Hughes Pkwy Ste. 500s

Address

Las Vegas, NV 89169

City/State and Zip Code

documents@incorp.com

E-mail address. (to be used for future annual report notification)

For further information concerning this matter, please call:

Karen Gibson for InCorp Services, Inc. at (702) 866-2500

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

InCorp Services, Inc.

hereby resigns as

Name of Registered Agent

Registered Agent for

LEARN, LOOK, LOCATE LLC

Name of Limited Liability Company

M20000001073

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.

Signature of Resigning Agent

If signing on behalf of an entity:

Karen Gibson for InCorp Services, Inc.

Typed or Printed Name

Authorized Representative

Capacity

FILING FEES:

\$ 85.00	Active limited liability company
\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

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AND
FILED

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

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