

M2 0000000 1076

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

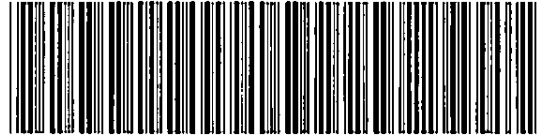
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000409860770

FILED

2023 JUN -7 AM 9:34

U.S. DISTRICT COURT
DISTRICT OF COLUMBIA

20

2023 JUN -7 AM 11:17
U.S. DISTRICT COURT
DISTRICT OF COLUMBIA

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 775034 4304155
AUTHORIZATION : *[Signature]*
COST LIMIT : \$ 25.00

ORDER DATE : May 30, 2023
ORDER TIME : 9:38 AM
ORDER NO. : 775034-005
CUSTOMER NO: 4304155

FILED
2023 JUN - 7 AM 9:34
Tallahassee, FL

CHANGE OF AGENT
(Resignation)

NAME: FLEXRA LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY

CONTACT PERSON: Matthew Todd -- EXT# 62976

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Flexra LLC
Name of Limited Liability Company

DOCUMENT NUMBER: M20000001076

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:

RESIGNATIONS DEPARTMENT

Name of Person

CORPORATION SERVICE COMPANY

Name of Firm/Company

251 LITTLE FALLS DRIVE

Address

WILMINGTON, DE 19808

City/State and Zip Code

ANNUALREPORTS@CSCGLOBAL.COM

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

For further information concerning this matter, please call:

RESIGNATION DEPT at (800) 927-9801
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

FILED
2023 JUN -7 AM 9:34
TALLAHASSEE, FL

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

CORPORATION SERVICE COMPANY

, hereby resigns as

Name of Registered Agent

Registered Agent for Flexra LLC

Name of Limited Liability Company

M20000001076

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.

Alexxis Weiland-Sorenson, ACP

Signature of Resigning Agent

If signing on behalf of an entity:

BY ALEXXIS WEILAND-SORENSEN

Typed or Printed Name

ASSISTANT VICE PRESIDENT

Capacity

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

2023 JUN - 7 AM 9:34

FILED