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Division of Corporations

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Florida Department of State
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Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: cls-agentresignations@wolterskluwer.com

**LLC REGISTERED AGENT RESIGNATION
GLORIFI RISK AND INSURANCE SERVICES, LLC**

Certificate of Status	0
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JAN 17 2024

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

CT CORPORATION SYSTEM

, hereby resigns as

Name of Registered Agent

Registered Agent for GLORIFI RISK AND INSURANCE SERVICES, LLC

Name of Limited Liability Company

M20000005287

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.

Nancy Helmi-Brown

Signature of Resigning Agent

If signing on behalf of an entity:

NANCY HELMI-BROWN

Typed or Printed Name

ASSISTANT SECRETARY

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\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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

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