N121000011937

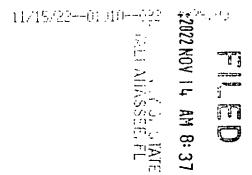
(Requestor's Name)		
(Address)	_	
(Address)	_	
(City/State/Zip/Phone #)	_	
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status	_	
Special Instructions to Filing Officer:	٦	

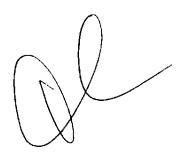
Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: ADVANCED PROJECT CO	•	
Name of Limited Liability	v Company	
DOCUMENT NUMBER: M21000011937		
The enclosed Resignation of Registered Agent for a Limited for filing.	d Liability Company and fee are submitted	ed
Please return all correspondence concerning this matter to t	he following:	
United States Corporation Agents, Inc.		
Name of Person	-	
Legalzoom.com, Inc.		
Name of Firm/Company	-	
9900 Spectrum Dr.		
Address	.022	
Austin, TX 78717	2022 NOV 14	3
City/State and Zip Code		i water
raresignations@legalzoom.com	AM 8: 37	
E-mail address: (to be used for future annual report notification)		1000
For further information concerning this matter, please call:	· 등 기	
at (773-0888	
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

/ . . **1**

Pursuant to the provis	sions of section 605.0115, Florida Statutes, the unders	igned,
United States Corporation Agents, Inc. Name of Registered Agent		hereby resigns as
		, nereby resigns as
Registered Agent for	ADVANCED PROJECT CONSULTING, LL	<u>C</u>
	Name of Limited Liability Company	 .
M21000011937		
Document	Number, if known	
	ation was mailed to the above listed limited liability content and the office discontinued on the 31st day after the	
	Signature of Resigning Agent	OV I L
If signing on behalf of	f an entity:	
	Cheyenne Moseley	8: 37 EFFL
	Typed or Printed Name	
	Asst. Secretary for United States Corporation Ager	nts, Inc.
	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