

MA 000014353

Florida Department of
Division of Corporations
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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.****

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**LLC REGISTERED AGENT RESIGNATION
WEALTHPLAN RISK MANAGEMENT FL LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
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22 FEB 23 AM 9:34

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T. LEMIEUX
FEB 24 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WEALTHPLAN RISK MANAGEMENT FL LLC

Name of Limited Liability Company

DOCUMENT NUMBER: M21000014353

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:

TRACEE COTTON

Name of Person

BLUMBERGEXCELSIOR CORPORATE SERVICES, INC.

Name of Firm/Company

100 WALL STREET, SUITE 503

Address

NEW YORK, NY 10005

City/State and Zip Code

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

For further information concerning this matter, please call:

TRACEE COTTON

Name of Person

800

at (

Area Code

221-2972 X1550

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

BLUMBERGEXCELSIOR CORPORATE SERVICES, INC.

Name of Registered Agent

, hereby resigns as

Registered Agent for WEALTHPLAN RISK MANAGEMENT FL LLC

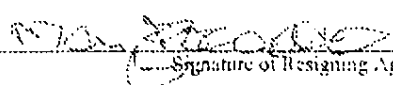
Name of Limited Liability Company

M21000014353

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:

MARY BROOKS

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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