

M22000015143

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

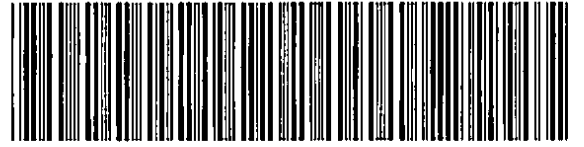
Certificates of Status _____

Special Instructions to Filing Officer:

J DENNIS

JUL 26 2023

Office Use Only



600409033656

05/22/23--01019--020 **95.00

FILED
SECRETARY OF STATE
OFFICE OF CORPORATIONS
2023 MAY 22 PM 6:34



**Resignation of Registered Agent for a
Foreign Limited Liability Company**

Capitol Corporate Services, Inc.
PO Box 1831
Austin, TX 78767
Phone: (800) 345-4647 Fax: (800) 432-3622
regagent@capitol-services.com

Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

DATE: 5/16/2023
STATE: FLORIDA
REP UNIT: GLORIFI RISK MANAGEMENT
SERVICES, LLC

Enclosed for filing please find a Resignation of Registered Agent for a Foreign Limited Liability Company for the above referenced name, which is to be filed in your office. Enclosed is check # 33173 in the amount of \$85.00 for the filing fee. After filing, please return the file-stamped copy in the enclosed self-addressed envelope. If you have any questions please call (800) 345-4647 and ask for the Registered Agent Department.

Please return file-stamped copy to the following address:

Capitol Corporate Services, Inc.
PO Box 1831
Austin, TX 78767

Capitol Corporate Services, Inc.
Registered Agent Services



24-214842K

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

Capitol Corporate Services, Inc. hereby resigns as

Name of Registered Agent

Registered Agent for

GLORIFI RISK MANAGEMENT SERVICES, LLC

Name of the Limited Liability Company

M22000015143

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:

Yvette Cleveland

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\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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

INHS17 (2/14)



CAPITOL
SERVICES

Return Acknowledgement to:
Capitol Corporate Services, Inc.
PO Box 1831
Austin, TX 78767
800.345.4647

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2023 MAY 22 PM 6:34