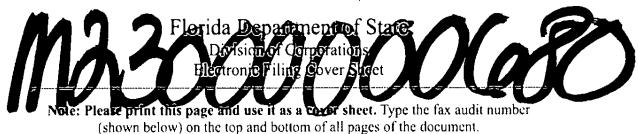
10/16/24, 10:46 AM

Division of Corporations



(((H24000346080 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

LLC REGISTERED AGENT RESIGNATION PRNONDEMAND, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

T. LEMIEUX

OCT 2 1 2024

Electronic Filing Menu Corporate Filing Menu

Help

TO:

15129570210

Registration Section

COVER LETTER

Name of Limited Liability Company DOCUMENT NUMBER: M2300000680 The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are sulfor filing.	
The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are sul	
	mitted
Please return all correspondence concerning this matter to the following:	
Mary Castillo	
Name of Person	
Registered Agent Solutions, Inc.	
Name of Firm/Company	
Corporate Center One, 5301 Southwest Parkway, Suite 400	
Address	
Austin, Texas 78735	
City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Mary Castillo at (888) 705-7274	
Name of Person at (888) 705-7274 Area Code Daytime Telephone Number	

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

15129570210

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY STATEMENT OF STATEMENT OF STATEMENT OF REGISTERED AGENT STATEMENT STA

Pursuant to the provisions of section 605.0115, Florida Statutes, the under	rsigned. SSEE, FL hereby resigns as	PH	
Registered Agent Solutions, Inc.	hereby resigns as TA	ե։ 2	
Hank of Registered Agent	, m	ဘ	
Registered Agent for PRNONDEMAND, LLC			_
Name of Limited Liability Company			_•
M2300000680			
Document Number, if known			
A copy of this resignation was mailed to the above listed limited liability	company at its last known a	ddress	
The agency is terminated and the office discontinued on the 31st day after	r the date on which this state	ement i	is filed.
Signature of Resigning Agent			
If signing on behalf of an entity:			
Mackenzie Hibler			
Typed or Printed Name			
Assistant Secretary, Registered Agent Soluti	ions, 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