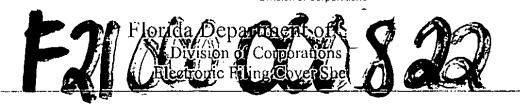
4/19/22, 5:05 PM

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000142143 3)))



H220001421433ABCT

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : INCORPORATING SERVICES, LTD.

Account Number : I20050000052 Phone : (850)656-7956 Fax Number : (850)656-7953

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

Email Address:

APP of PM 2.

REGISTERED AGENT RESIGNATION LABSTER INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$87.50

J. HORNE

APR 2 <u>b</u> 2022

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COVER LETTER

	(Name of Person) (Area Code & Daytime Telephone Number)	
We	(Name of Person) at (302) 531-0703 (Area Code & Daytime Telephone Number)	
For fu	orther information concerning this matter, please call:	
	(City/State and Zip Code)	
Do	ver, DE 19901	
	(Address)	
350	00 S DuPont Hughway	
	(Name of Firm/Company)	
Inc	orporating Services, Ltd.	
	(Name of Person)	
We	estley Look	
Please	e return all correspondence concerning this matter to the following:	
The er	nclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing	g.
DOCU	UMENT NUMBER: F21000000822	
	(Name of Corporation)	
SUBJ.	LABSTER INC.	
TO:	Amendment Section Division of Corporations	

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

H2200142143 3

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,	
Florida Statutes, the undersigned, Incorporating Services, Ltd.	یں
(Name of Registered Agent)	\subseteq
hereby resigns as Registered Agent for LABSTER INC.	<u> </u>
(Name of Corporation)	7
F2100000822	٦,
(Document Number, if known)	<u>-</u>
A copy of this resignation was mailed to the above listed corporation at its last known addi	
The agency is terminated and the office discontinued on the 31st day after the date on whice this statement is filed.	ch
(Signature of Resigning Agent)	
If signing on behalf of an entity:	
Amanda Archambault	
(Typed or Printed Name)	
Assistant Secretary	
(Capacity)	

Fee for filing this document:

\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314