

L15 000137491

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

OCT 04 2021  
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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Chipping Investments FL, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L15000137441

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:

Brandy O'Dell  
Name of Person

KKOS Lawyers  
Name of Firm/Company

1883 W Royal Hunt Dr., Suite 200  
Address

Cedar City, UT 84720  
City/State and Zip Code

Brandy@kkoslawyers.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brandy O'Dell at ( 435 ) 586-9366 Ext 2040  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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  
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,

Registered Agent Solutions, Inc. \_\_\_\_\_, hereby resigns as  
Name of Registered Agent

Registered Agent for Chipping Investments FL, LLC  
\_\_\_\_\_  
Name of Limited Liability Company

L15000137441  
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:

Jacqueline Wright  
\_\_\_\_\_  
Typed or Printed Name  
Company Officer  
\_\_\_\_\_  
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withdrawn limited liability company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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