L21000033408

| (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: |
| |
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COVER LETTER

| SUBJECT: Name | of Limited Liability | Company |
|--|---------------------------------------|---|
| DOCUMENT NUMBER: L21000033408 | | |
| The enclosed Resignation of Registered A for filing. | Agent for a Limited | Liability Company and fee are submitted |
| Please return all correspondence concerni | ing this matter to th | ne following: |
| Chelsea Chapman | | |
| Name of Person | · · · · · · · · · · · · · · · · · · · | |
| Legaline Corporate Services, INC. | | |
| Name of Firm/Company | | |
| 10601 Clarence Dr Ste 250 | | |
| Address | | |
| Frisco, TX 75033-3867 | | |
| City/State and Zip Code | | |
| ra@legalinc.com | | |
| E-mail address: (to be used for future annua | l report notification) | |
| For further information concerning this m | natter, please call: | |
| Chelsea Chapman | 844 at (| 386-0178) Daytime Telephone Number |
| 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Registration Section Division of Corporations

TO:

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 provi | sions of section 605.0115, Florida Statutes, | the undersigned. | |
|-----------------------------------|--|--|---------------|
| Legaline Corporate Services, INC. | | , hereby resigns as | |
| | | | |
| Registered Agent for | THUNDERBOLT DISPATCH LLC | | _ |
| | Name of Limited Liability Compar | ıy | ' |
| L21000033408 | | | |
| Document | Number, if known | | |
| A copy of this resigna | ation was mailed to the above listed limited | l liability company at its last known addres | SS. |
| The agency is termin | ated and the office discontinued on the 31s | | |
| If signing on behalf o | of an entity: | | 7077 NOV 15 |
| | Chelsea Chapman | <u> </u> | л - |
| | Typed or Printed Name | o INC | e 17: |
| | On Behalf of Legaline Corporate Service | s, INC. | |
| | Capacity | | |

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