

M 11 000000 139

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

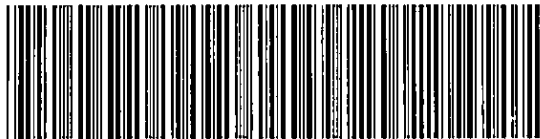
(Business Entity Name)

(Document Number)

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2022 DEC 21 AM 8:24
SECRETARY OF STATE
TALLAHASSEE, FL

2022 DEC 21 AM 11:25

12/22/2022

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 185842 8323810
AUTHORIZATION : *[Signature]*
COST LIMIT : \$ 85.00

ORDER DATE : December 6, 2022
ORDER TIME : 8:58 AM
ORDER NO. : 185842-025
CUSTOMER NO: 8323810

RESIGNATION OF AGENT FILING

NAME: CHWR, LLC

XX RESIGNATION OF AGENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland-EXT#

EXAMINER'S INITIALS: _____

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

CORPORATION SERVICE COMPANY
_____, hereby resigns as
Name of Registered Agent

Registered Agent for CHWR, LLC

Name of Limited Liability Company

M11000000139

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.

Alexxis Weiland, assistant vice president

Signature of Resigning Agent

If signing on behalf of an entity:

BY ALEXXIS WEILAND

Typed or Printed Name
ASSISTANT VICE PRESIDENT

Capacity

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TALLAHASSEE, FL

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withdrawn limited liability company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