M11000000139

Office Use Only



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of 12/22/2022

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195
REFERENCE : 185842 8323810
AUTHORIZATION: Spelle Reman
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:

COVER LETTER

SUBJECT: CHWR, LLC Name of Limited Liability Company $\textbf{DOCUMENT NUMBER:} \underline{\underline{}^{M11000000139}}$ 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: RESIGNATIONS DEPARTMENT Name of Person CORPORATION SERVICE COMPANY Name of Firm/Company 251 LITTLE FALLS DRIVE Address WILMINGTON, DE 19808 City/State and Zip Code ANNUALREPORTS@CSCGLOBAL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: RESIGNATION DEPT at (_____)
Area Code Daytime Telephone Number Name of Person

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provisions of section 605.0115, Florida Stat	utes, the undersigned.
CORPORATION SERVICE COMPANY	, hereby resigns as
Name of Registered Agent	(Hereby resigns to
Registered Agent for CHWR, LLC	
Name of Limited Liability Co	ompany
M11000000139	
Document Number, if known	
A copy of this resignation was mailed to the above listed lin	nited 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.
allegis Weiterd, assistan	esigning Agent
If signing on behalf of an entity:	SECRE AND TALLAHA
BY ALEXXIS WEILAND	H 2
Typed or Printed N	Vaine S.C.
ASSISTANT VICE PRESIDENT	
Capacity	8: 21 8: 21

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