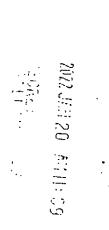
## KC5CCC 117722

| (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: |
|   |
|   |
|   |
|   |
|   |
|   |





400379600084



## **COVER LETTER**

| Name of Limited Liabil   | ty Company                                 |
|--|--|
| DOCUMENT NUMBER: L05000117722  |  |
| The enclosed Resignation of Registered Agent for a Limit for filing. | ed Liability Company and fee are submitted |
| Please return all correspondence concerning this matter to           | the following:                             |
| Walter Hobbs   |  |
| Name of Person   | _  |
| Hobbs and Hobbs PL   |  |
| Name of Firm/Company   | <del></del>                                |
| 3818 W. Azeele Street  |  |
| Address  | _  |
| Tampa FI 33609   |  |
| City/State and Zip Code  | _  |
| whobbs@hobbsandhobbs.com   |  |
| E-mail address: (to be used for future annual report notification    | <del>-</del>                               |
| For further information concerning this matter, please call          | :  |
| Walter Hobbs 813 at (  | 879-8333 ext. 1                            |
| Name of Person Area Coc  | le 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

**TO:** Registration Section Division of Corporations

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   | 5, Florida Statutes, the uno  | dersigned,  |
|--|---|---|
| Dale E. Wellhofer  |   | , hereby resigns as                                     |
| Name of Registered Ager  | nt  |   |
| Registered Agent for Monalisa Picture Framing  | 3, LLC  |   |
| Name of Lim  | ited Liability Company  | ,   |
| L05000117722   |   |   |
| Document Number, if known  | <del></del>   |   |
| A copy of this resignation was mailed to the a  The agency is terminated and the office discor |   | ter the date on which this statement is filed.          |
| If signing on behalf of an entity:   | yped or Printed Name  | 2022 JAN 20   |
| FILING   | Capacity  | 60 HE3  |
| \$ 85.00<br>\$ 25.00   | Active limited liability<br>Administratively dissol<br>withdrawn limited liab | company<br>ved/ voluntarily dissolved/<br>ility company |

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