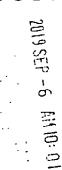
L07000107558

(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:

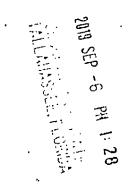
Office Use Only



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09/06/19--01001--009 **235.00



T GLASS SEP 0 9 2019 FLORIDA RESEARCH & FILING SERVICES, INC.

1211 CIRCLE DR

TALLAHASSEE, FL 32301

PH: 850-524-4381

PLEASE FILE THE ATTACHED RESIGNATION OF REGISTERED AGENT FOR:

MINUTES MONEY, LLC

PLEASE RETURN A STAMPED COPY

CK# 8355 OR: \$235.00 (\$25.00 for this filing)

THANK YOU!

2019 SEP -6 AM 10: 01

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ns of section 605.011	5, Florida Statutes, the unde	rsigned,		
Name of Registered Agent			, hereby resigns as		
			, , ,		
Registered Agent for M	INUTES MONEY	/, LLC			
	Name of Lin	nited Liability Company			
L07000107558					
Document Nu	imber, if known				
_	d and the office disco	above listed limited liability ontinued on the 31st day after Signature of Resigning Agent			filed.
in signing on ochair of a	RALPH A. NAR	וחי		~	
			2019 SEP		
	VICE PRESIDE	1 to 1 to 2 to 2 to 2 to 2 to 2 to 2 to	350	<u>.</u> . ÷	
		Capacity		, 0	三头5
	FILING \$ 85.00 \$ 25.00	Active limited liability c	/ed/ voluntarily dissolved/	#H 10: 01	(A) (A)

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