10/6/22, 9:10 AM

Division of Corporations



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(((H220003433173)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INCORP SERVICES INC

Account Number : 120120000007
Phone : (702)866-2500
Fax Number : (702)900-2290

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: documents@incorp.com

## LLC REGISTERED AGENT RESIGNATION INVESTMENT DEALS, LLC

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OCT 10 2022

## **COVER LETTER**

TO: Registration Section Division of Corporations	a			
SUBJECT. INVESTMENT DEALS, LLC				
SUBJECT: INVESTMENT DEALS, LLC  Name of Limited Liability Company				
DOCUMENT NUMBER: L15000166425				
The enclosed Resignation of Registered Agent for a for filing.	Limited Liability Company and fee are submitted			
Please return all correspondence concerning this mat	ter to the following:			
Wendy Hefley				
Name of Person	<del></del>			
Incorp Services, Inc.				
Name of Firm/Company	<del></del>			
3773 Howard Hughes Parkway, Suite 500S				
Address	<del></del>			
Las Vegas, NV 89169-6014				
City/State and Zip Code	<del></del>			
processing@incorp.com				
E-mail address: (to be used for future annual report notific	cation)			
For further information concerning this matter, pleas	e call:			
Incorp Services, Inc./Wendy Hefley  Name of Person  Are	866-2500 ext 6904			
Name of Person Are	a Code Daytime Telephone Number			
Enclosed is a check made payable to the Florida Dep liability company or \$25.00 for an administratively d liability company.	artment of State for \$85.00 for an active limited issolved, voluntarily dissolved or withdrawn limited			
MAILING ADDRESS:	STREET ADDRESS:			
Registration Section	Registration Section			

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

INHS17 (2/14)

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provis	ions of section 605.0115	, Florida Statutes, the i	undersigned,	
Incorp Services,	Inc.		, hereby resigns a	45
	Name of Registered Agent	t -	,	
Registered Agent for	INVESTMENT DE	ALS, LLC		
	Name of Limit	ted Liability Company		
L1500016	6425			
Document	Jumber, if known	<del></del>		
A copy of this resigna	ion was mailed to the ab	oove listed limited liabi	ility company at its las	st known address.
The agency is termina	ed and the office discon	tinued on the 31st day	after the date on whic	h this statement is filed.
	~ ·	Signature of legsigning Ag	ent	
If signing on behalf of	an entity:		)	
	Wendy Hefley for	Incorp Services, I	nc.	AI 2022 OCT NEGRED FALL AIM
	Тур	ped or Printed Name		
Authorized Representative			<ul><li>一部計 「 五く事</li></ul>	
		Capacity		ROYED LED 7 PM 2:
	FILING F \$ 85.00 \$ 25.00	EES: Active limited liabilit Administratively diss withdrawn limited lia	olved/voluntarily dis	30

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