16000109537

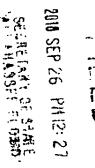
(Reque	stor's Name)	
(Addres	ss)	
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(City/St	ate/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(Busine	ess Entity Name)	
(Document Number)		
Certified Copies	Certificates of	Status
Special Instructions to Filin	ng Officer:	
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M. MILLIGAN
OCT 0 3 2018

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: 2580 SHAMROCK LLC	
Name of Limited Liability	Company
DOCUMENT NUMBER: L16000109537	
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	ne following:
Chelsea Haire	
Name of Person	
Legalinc Corporate Services, Inc.	
Name of Firm/Company	•
10601 Clarence Drive, Suite 250	
Address	•
Frisco, TX 75033	
City/State and Zip Code	
abed@wireless-stores.com	
E-mail address: (to be used for future annual report notification)	•
For further information concerning this matter, please call:	
Chelsea Haire 844	386-0178
Name of Person Area Code	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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314

STREET ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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INHS17 (2/14)

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	s of section 605.0115. Florida Statutes, the undersigne	d.	
Legalinc Corporate	Services, Inc.	by resigns as	
	Name of Registered Agent	by resigns as	
Registered Agent for $\frac{25}{}$	80 SHAMROCK LLC	_	
	Name of Limited Liability Company	<u> </u>	
L16000109537			
Document Nur	mber, if known		
A copy of this resignation	n was mailed to the above listed limited liability compa	any at its last known address.	
The agency is terminated	and the office discontinued on the 31st day after the d MULCL HARM Signature of Resigning Agent	ate on which this statement is file	ed.
If signing on behalf of an	entity:		
	Chelsea Haire		
	Typed or Printed Name		
	on Behalf of Legalinc Corporate Services, In		
	Capacity		2018 SEP :

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

Active limited liability company
Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company

FILING FEES:

\$ 85.00 \$ 25.00