## L16000 225 436

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: 131 REAL ESTATE LLC	
	I Liability Company
DOCUMENT NUMBER: L16000225436	
The enclosed Resignation of Registered Agent for for filing.	a Limited Liability Company and fee are submitted
Please return all correspondence concerning this m	atter to the following:
Chelsea Chapman	
Name of Person	
Legalinc Corporate Services, Inc.	
Name of Firm/Company	
10601 Clarence Drive, Suite 250	
Address	<del></del>
Frisco, TX 75033	
City/State and Zip Code	<del></del>
E-mail address: (to be used for future annual report noti	
For further information concerning this matter, plea	ase call:
Chelsea Chapman	844 \386-0178
Name of Person A	rea Code Daytime Telephone Number
Enclosed is a check made payable to the Florida De liability company or \$25.00 for an administratively liability company.	epartment of State for \$85.00 for an active limited dissolved, voluntarily dissolved or withdrawn limited
MAILING ADDRESS:	STREET ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

INHS17 (2/14)

Tallahassee, FL 32314

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

Pursuant to the provisi	ons of section 605.0115, Florida Statutes, the under	signed,	
Legalinc Corporate	e Services, Inc.	hereby resigns as	
	Name of Registered Agent		
Registered Agent for _	131 REAL ESTATE LLC		-
	Name of Limited Liability Company		_•
L1600	0225436		
Document N	lumber, if known		
A copy of this resignat	ion was mailed to the above listed limited liability c	ompany at its last known address.	
The agency is terminat  If signing on behalf of	ed and the office discontinued on the 31st day after  White Agent  Signature of Resigning Agent an entity:	the date on which this statement is	s filed.
	Chelsea Chapman	<u></u>	
	Typed or Printed Name		
	on Behalf of Legalinc Corporate Service		<b>.</b> .
	Capacity	s, inc	ل <del>ية.</del> ا
	FILING FEES: \$ 85.00 Active limited liability cor \$ 25.00 Administratively dissolved withdrawn limited liability	I/ voluntarily dissolved/	

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