L17000126434

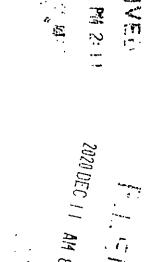
(Requestor's Name)
(Address)
(Address)
(Addless)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Bosiness Entry Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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12/11/20--01004--008 **25.00



CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

CHEPFL, LLC				
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. <u> </u>				Art of Inc. File
				LTD Partnership File
				Foreign Corp. File
				L.C. File
				Fictitious Name File
				Trade/Service Mark
				Merger File
				Art, of Amend, File
			<u> </u>	RA Resignation
				Dissolution / Withdrawał
				Annual Report / Reinstatement
				Cert. Copy
				Photo Copy
				Certificate of Good Standing
				Certificate of Status
				Certificate of Fictitious Name
,				Corp Record Search
				Officer Search
				Fictitious Search
Signature	 			Fictitious Owner Search
•				Vehicle Search
———————— <u>—</u>	 			Driving Record
Requested by: BN	12/11	A N.A		UCC 1 or 3 File
Name	Date	AM Time		UCC 11 Search
Name	Date	THIC		UCC 11 Retrieval
Walk-In	Will Pick Up			Courier

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,	
Your CAPITAL Connection, InChereby resigns as	
Registered Agent for CHEPEL, UC	
Registered rigent for	
Name of Limited Liability Company	 ,
L 17000 126434 Document Number, if known	
A copy of this resignation was mailed to the above listed limited liability company at its last known	address.
The agency is terminated and the office discontinued on the 31st day after the date on which this sta	atement is filed.
Signature of Resigning Agent	
If signing on behalf of an entity:	
Your CapiTAL Connect	tion Enc
Typed or Printed Name	
Capacity	2020
	į. 2020 DEC
FILING FEES: \$85:00 Active limited liability company	= :
\$ 85:00 Active limited liability company \$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company	AH
	7

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