

(Red	questor's Name)	<del></del>
(Ado	dress)	
. (Add	dress)	
(City	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu:	siness Entity Nar	me)
(Doo	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to I	Filing Officer:	

Office Use Only



200397485282

## **COVER LETTER**

SUBJECT: THRILLLED, STRATEGIC DIGITAL SOLUTIONS L.	
Name of Limited Liability	Company
DOCUMENT NUMBER: L17000138542	
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 Chapman	
Name of Person	
Legaline Corporate Services, INC.	
Name of Firm/Company	
10601 Clarence Dr Ste 250	
Address	
Frisco, TX 75033-3867	
City/State and Zip Code	
ra@legaline.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Chelsea Chapman 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Registration Section Division of Corporations

TO:

## **Street Address:**

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

Pursuant to the provisions of section 605.0	115, Florida Statutes, the unde	rsigned.		
Legaline Corporate Services, INC.		, hereby resigns as		
Name of Registered A	gent	, , , , , , , , , , , , , , , , , , ,		
Registered Agent for THRILLLED, STRAT	EGIC DIGITAL SOLUTIONS	L.L.C.		
Name of 1	imited Liability Company			
L17000138542				
Document Number, if known				
A copy of this resignation was mailed to the The agency is terminated and the office dis	•	•		d.
If signing on behalf of an entity:				
Chelsea Chapman			<u> 503</u>	
	Typed or Printed Name	<del></del>	377	į·.
On Behalf of Legal	On Behalf of Legaline Corporate Services, INC.		~2.	
	Capacity		10 PM 12: 52	
► FILIN ○ \$ 85.00 ○ \$ 25.00		ompany ed/voluntarily dissolved/ ity company	52	

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