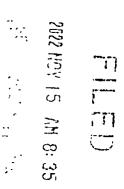
L17000/5/720

(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				
Consideration to Edition Officer				
Special Instructions to Filing Officer:				
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A. RIVERS FEB 1 7 2023

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COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJ	CELTA PROPERTY INSPECTION	ONS L.L.C.		
	ECT: Name	e of Limited Liability	Company	
	UMENT NUMBER: L17000151720			
The enfor fil		Agent for a Limited	l Liability Company and fee are submitted	
Please	return all correspondence concerr	ning this matter to th	ne following:	
Chelse	a Chapman			
	Name of Person	-		
Legaline Corporate Services, INC.				
	Name of Firm/Company	y		
10601	Clarence Dr Ste 250			
	Address			
Frisco.	TX 75033-3867			
	City/State and Zip Code			
га@leg	raline.com			
E	-mail address: (to be used for future annu-	al report notification)		
For fu	rther information concerning this r	natter, please call:		
Chelse	a Chapman	844 at (386-0178) Daytime Telephone Number	
	Name of Person	Area Code	Daytime Telephone Number	
Enclos liabili limite	sed is a check made payable to the ty company or \$25.00 for an admir d liability company.	Florida Departmen histratively dissolve	t of State for \$85.00 for an active limited d, voluntarily dissolved or withdrawn	

Mailing Address:

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

Street Address:

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

INHS17 (2/14)

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ns of section 605.0115, Florida Statutes,	the undersigned,		
Legaline Corporate Servi	ices, INC.	, hereby resigns as		
	Name of Registered Agent	<u> </u>		
Registered Agent for C	ELTA PROPERTY INSPECTIONS L.L.C.			
	Name of Limited Liability Compan	у		
L17000151720				
Document No	umber, if known			
A copy of this resignation	on 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 statement is filed.				
	Signature of Resigni	ng Agent		
If signing on behalf of a	in entity:			
	Chelsea Chapman			
	Typed or Printed Name			
	On Behalf of Legaline Corporate Services	, INC.		
	Capacity			

FILING FEES:

S 85.00 Active limited liability company
S 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

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

INHS17 (2/14)