

L17000245886

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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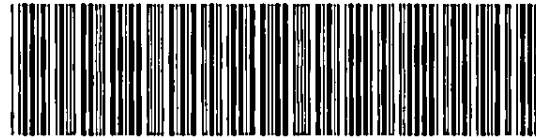
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAY 05 2020

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Calbees, LLC  
Name of Limited Liability Company

DOCUMENT NUMBER: L17000245886

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Susan Broadway  
Name of Person

Telab Legal Corp.  
Name of Firm/Company

510 W. 6th St. #320  
Address

Los Angeles CA 90014  
City/State and Zip Code

susan.broadway@telablegalcorp.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Susan at ( 213 457 7502 )  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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  
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 605.0115, Florida Statutes, the undersigned,

TELUS Legal Corp., hereby resigns as  
Name of Registered Agent

Registered Agent for

Calbees, LLC

\_\_\_\_\_  
Name of Limited Liability Company

417000245886

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 statement is filed.

Susan Boadway  
Signature of Resigning Agent

If signing on behalf of an entity:

Susan Boadway  
Typed or Printed Name  
Assistant Secretary  
Capacity

## FILING FEES:

\$ 85.00 Active limited liability company  
\$ 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

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TALLAHASSEE, FLORIDA