7000 246175

(Requ	uestor's Name)		
(Address)			
(Address)			
(City/State/Zip/Phone #)			
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Registration Section
Division of Corporations

LEE TAPIA CONSULTING LLC SUBJECT:	
Name of Limited Liability	Company
DOCUMENT NUMBER: L17000246177	
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 th	e 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@legalinc.com	
E-mail address: (to be used for future annual report notification)	

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

For further information concerning this matter, please call:

Name of Person

Street Address:

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

Chelsea Chapman

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the prov	visions of section 605.0115, Florida Statutes, the	e undersigned,	
Legaline Corporate Services, INC.		hereby resigns as	
	Name of Registered Agent		
Registered Agent fo	or LEE TAPIA CONSULTING LLC		
	Name of Limited Liability Company	·	
L17000246177			
Docume	ent Number, if known		
A copy of this resig	mation was mailed to the above listed limited lia	ability company at its last known address.	
The agency is termi	inated and the office discontinued on the 31st da	ay after the date on which this statement is filed.	
	Chusea Chur Signature of Resigning	MUL Agent	
If signing on behalf	of an entity:	29	
	Chelsea Chapman	727	
	Typed or Printed Name		
	On Behalf of Legaline Corporate Services, II	NC.	
	Capacity	SS P	
	FILING FEES: O \$ 85.00 Active limited liab O \$ 25.00 Administratively d withdrawn limited	ility company issolved/ voluntarily dissolved/	

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