L17000262968

(Re	questor's Name)	
(Ad	dress)	
DA)	dress)	
(Cit	y/State/Zip/Phone	÷#)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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COVER LETTER

SUBJECT: Name of Limited Liability	Company
DOCUMENT NUMBER	
The enclosed Resignation of Registered Agent for a Limite for filing.	d Liability Company and fee are submitted
Please return all correspondence concerning this matter to t	he 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)	-
For further information concerning this matter, please call:	
Chelsea Chapman at (Name of Person Area Code	386-0178) Davtime Telephone Number
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provision	ns of section 605.011	5. Florida Statutes, the und	dersigned.			
Legaline Corporate Services, INC. Name of Registered Agent			hereby resigns as			
Registered Agent for	IE GREAT DRONE I	LC				
-	Name of Lin	nited Liability Company				•
1.17000262968						
Document Nu	imber, if known					
A copy of this resignation	on was mailed to the	above listed limited liabilit	y company at its last k	nown a	ddress.	
The agency is terminate	d and the office disco	ontinued on the 31st day af	ter the date on which th	is state	ment is	filed.
	Chek	Ou CHUP Signature of Resigning Agen	MOLIN			
If signing on behalf of a	n entity:					
	Chelsea Chapman					
	1	Typed or Printed Name			25	
	On Behalf of Legalir	ne Corporate Services, INC.		<i>:</i> : ·	13.7.3	
		Capacity		. j. j.		. 2744
	FILING O \$ 85.00 O \$ 25.00	FEES: Active limited liability Administratively dissol	company ved/ voluntarily dissol	74.4 OF STA	922 15 7 10 AMII: 2	

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