L17000263081

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COVER LETTER

Division of Corporations	
SUBJECT:	·
Name of Limited Liability	Company
DOCUMENT NUMBER: L17000263081	
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 Drive, Suite 250	
Address	
Frisco, TX 75033	
City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Chelsea Chapman 844	386-0178) Daytime 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

TO: Registration Section

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 provision	ons of section 605.01	15, Florida Statutes, the unc	lersigned.		
Legaline Corporate Services, Inc.			hereby resigns as		
	Name of Registered Ag	gent			
Registered Agent for	irub01 LLC				
	Name of Li	imited Liability Company			·
	value (i Ei	mined Entoliny Company			
1.170002	263081				
Document N	umber, if known				
A copy of this resignati	on was mailed to the	above listed limited liabilit	y company at	its last known add	ress.
The agency is terminate	ed and the office disc	continued on the 31st day aft LLA Signature of Resigning Agent	man		ent is filed.
If signing on behalf of a	in entity:				77
	Chelsea Chapman			ME HA 10	ALE E
		Typed or Printed Name			1 577
	On behalf of Legali	nc Corporate Services, Inc.		THE TO	4
		Capacity		E. In	
				100 mm	
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability of Administratively dissolve withdrawn limited liabi	ved/ vofuntari	ily dissolved/	

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