<u>L18000013343</u>

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
Per puri to Inorthe Correct registered ügent nume	
registered ügent nine resigning to Office Use Only Haimintiet	
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FILED &



STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Harmont 1	of Registered Agent		, hereby resigns as	
Registered Agent for CHAMF	• •	2		
	Name of Limited	d Liability Company		
L18000013343				
Document Number,	if known	_		
A copy of this resignation wa	s mailed to the abo	ove listed limited liabili	ty company at its last known	address.
The agency is terminated and	the office disconti	nued on the 31st day af	fter the date on which this stat	ement is filed.
	$- \leq$	Ignature.of.Resigning Agen		
		<u>.e</u> e		
If signing on behalf of an enti	ty:			
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	Туре	ed or Printed Name		202
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				12
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	\$ 85.00 \$ 25.00	Active limited liability Administratively disso withdrawn limited liab	company lved/ voluntarily dissolved/ pility company	ы БД 16
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Ma		to Florida Department		

P.O. Box 6327 Tallahassee, FL 32314

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