L18000 1564 10

(Requestor's Name)				
(Address)				
	idress)			
(,,,	2,000,			
	.			
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	WAIT	MAIL		
	siness Entity Nar	me)		
(22		,		
(Do	cument Number)			
Certified Copies Certificates of Status				
Γ.				
Special Instructions to	Filing Officer:			

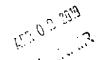




200326384292

Control of the Only

2019 HAR 22 AH 10: 144



COVER LETTER

TQ: Registration Division of	Section Corporations		7	ALL ARR
Cehi &	Chastain LLC	•		
50 D0 EC 11	Name of	f Limited Liability	Company	
DOCUMENT NU	MBER: <u>L1800015641</u>	0		
The enclosed Resig for filing.	nation of Registered Ag	gent for a Limited	Liability Company and	I fee are submitted
Please return all cor	respondence concerning	g this matter to th	ne following:	
United States Co	rporation Agents, Inc.			
	Name of Person		•	
Legalzoom.com,	Inc.			
7	Name of Firm/Company		-	
9900 Spectrum D	r.			
	Address		•	
Austin, TX 78717				
	City/State and Zip Code		-	
E-mail address: (t	o be used for future annual r	report notification)	-	
For further informa	tion concerning this ma	tter, please call:		
Janna Pantoja		1 800 at (773-0888 x3950	
Nan	ne of Person	Area Code	Daytime Telephone Nu	imber

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provis	ions of section 605.0115. Florida Statute	es, the undersigned,	MR 22
United States Corporation Agents, Inc.		, hereby resigns as	2
	Name of Registered Agent	Hereby resigns as	
Registered Agent for Cehi & Chastain LLC			ANIO LA
			42
	Name of Limited Liability Compa	any	<u> </u>
L18000156410			
Document	Number, if known		
A copy of this resigna	tion was mailed to the above listed limite	ed liability company at its last k	nown address.
The agency is termina	ted and the office discontinued on the 31	st day after the date on which the	his statement is filed,
	Signature of Resign		
lf signing on behalf of	an entity:		
	Cheyenne Moseley		
	Typed or Printed Name	2	
	Asst. Secretary for United States Corp	poration Agents, Inc.	
	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