## L19000029067

(Requestor's Name)
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(City/State/Zip/Phone #)
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## COVER LETTER

TO: Registration Section Division of Corporations	
7361 BETA LN LLC SUBJECT:  Name of Limited L	iability Company
DOCUMENT NUMBER: L19000029067	
The enclosed Resignation of Registered Agent for a I for filing.	imited Liability Company and fee are submitted
Please return all correspondence concerning this matt	er to the following:
Chelsea Chapman	
Name of Person	<del>-   -</del>
Legaline Corporate Services, INC.	
Name of Firm/Company	<del></del>
10601 Clarence Dr Ste 250	
Address	
Frisco, TX 75033-3867	
City/State and Zip Code	<del></del>
ra@legalinc.com	
E-mail address: (to be used for future annual report notific	ation)
For further information concerning this matter, please	e call:
Chelsea Chapman 844	386-0178
Name of Person at ( at (	Code Daytime Telephone Number
Enclosed is a check made payable to the Florida Depa liability company or \$25.00 for an administratively di limited liability company.	artment of State for \$85.00 for an active limited issolved, voluntarily dissolved or withdrawn
Mailing Address: 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

INHS17 (2/14)

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ons of section 605.011	5, Florida Statut	es, the undersigned.			
Legalinc Corporate Services, INC.		, hereby resigns as				
	Name of Registered Age	nt	, neresy resig	115 43		
Registered Agent for	361 BETA LN LLC			_		
	Name of Lim	nited Liability Com	pany		<u> </u>	·
L19000029067						
Document No	umber, if known					
A copy of this resignation	on was mailed to the a	above listed limit	ed liability company at its	s last knowi	n addre	ess.
The agency is terminate	an entity: Chelsea Chapman	Signature of Resignature of Printed Nar	oc .	which this st	2022 NOV 1	nt is filed
		Capacity	_		5: 09	
	FILING © \$ 85.00 © \$ 25.00	Active limited Administrativ	Hiability company ely dissolved/ voluntarily nited liability company	dissolved/		
	Make checks payah	ole to Florida De Division of Cor P.O. Box o Tallahassee, F	327	to:		

INHS17 (2/14)