# L19000069612

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#### **COVER LETTER**

TO:	Registration Section		es or	
	Division of Corporations		• .	~•
SHRI	ECT: CHART WELL LLC			
1,7 4,7 1,313	Name of	Limited Liability	Company	
DOC	UMENT NUMBER: <u>L1900006961</u>	2		
	nclosed Resignation of Registered Ag tted for filing.	ent for a Limite	d Liability Company and fee are	
Please	ereturn all correspondence concerning	g this matter to t	he following:	
Unite	ed States Corporation Agents, Inc.			
	Name of Person		_	
Lega	Izoom.com, Inc.			
	Name of Firm/Company		_	
101 I	North Brand Blvd. 11th Floor			
	Address		-	
Glen	dale, CA 91203			
	City/State and Zip Code		_	
E	gnations@legalzoom.com -mail address: (to be used for future annual restriction concerning this mat		_	
Kasar	ndra Lund	at ( 1 800	) 773-0888 x3951	
	Name of Person	Area Code	Daytime Telephone Number	
liabili	sed is a check made payable to the Flo ty company or \$25.00 for an administ d liability company.	orida Departmei tratively dissolv	nt of State for \$85.00 for an active ed, voluntarily dissolved or withdr	limited awn

### 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 Statutes, the undersigne	ed.
United States Cor	, hereby resigns as	
· · · · · · · · · · · · · · · · · · ·	Name of Registered Agent	· · · · · · · · · · · · · · · · · · ·
Registered Agent for_	CHART WELL LLC	· · · · · · · · · · · · · · · · · · ·
	Name of Limited Liability Company	
CHART WELL LLO	Sumber, if known	2
A copy of this resigna	tion was mailed to the above listed limited liability compa	any at its last known address.
The agency is terminate	ed and the office discontinued on the 31st day after the date	on which this statement is filed
lf signing on behalf of	an entity:	
	Cheyenne Moseley	
	Typed or Printed Name	`
	Asst. Secretary for United States Corporation Agents, Inc	i. ——
	Capacity	2
		Ē:
	FILING FEES:	2. 2. 2.
	\$ 85.00 Active limited liability company \$ 25.00 Administratively dissolved/ volur	

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

withdrawn limited liability company