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SECRETARY BY STATE



COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Rose Chapel LLC			
iname of Li	imited Liability Company		
DOCUMENT NUMBER: L19000090508			
The enclosed Resignation of Registered Agen for filing.	t for a Limited Liability Company and fee are submitted		
Please return all correspondence concerning the	his matter to the following:		
United States Corporation Agents, Inc.			
Name of Person			
Legalzoom.com, Inc.			
Name of Firm/Company			
101 North Brand Blvd. 11th Floor			
Address			
Glendale, CA 91203			
City/State and Zip Code			
raresignations@legalzoom.com			
E-mail address: (to be used for future annual repo	ort notification)		
For further information concerning this matte	r. please call:		
Janna Pantoja	at () 773-0888 x3950		
Name of Person	at () Area Code Daytime Telephone Number		
Enclosed is a check made payable to the Floriability company or \$25.00 for an administraliability company.	ida Department of State for \$85.00 for an active limited tively dissolved, voluntarily dissolved or withdrawn limited		
MAILING ADDRESS:	STREET ADDRESS:		
Registration Section	Registration Section		
Division of Corporations Division of Corporations			
P.O. Box 6327	Clifton Building		

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ns of section 605.011:	5, Florida Statutes, the unders	igned.	
United States Corp	oration Agents, In	ic.	hereby resigns as	
	Name of Registered Age	11	. •	
Registered Agent for R	ose Chapel LLC			
	Name of Lim	nited Liability Company		
L19000090508				
Document Ni	imber, if known	·····		
A copy of this resignation	on was mailed to the a	above listed limited liability co	ompany at its last known address.	
The agency is terminate	d and the office disco	ontinued on the 31st day after	the date on which this statement is	filed.
		Signature of Resigning Agent		
If signing on behalf of a	in entity:			No.
	Cheyenne Mose	eley		2020 APP 20
		Typed or Printed Name		מסג מסג
	Asst. Secretary for t	United States Corporation Age	nts, Inc.	
		Capacity	PH)) (
			X (n	
			ō: 15	7.37
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability cor Administratively dissolved withdrawn limited liabilit	mpany d/ voluntarily dissolved/	•

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