L19000098555

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(City/State/Zip/Priorie #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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COVER LETTER

CLICK DECISION LLC SUBJECT:
Name of Limited Liability Company
DOCUMENT NUMBER: L19000098555
The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Chelsea Chapman
Name of Person
Legaline Corporate Services, INC.
Name of Firm/Company
10601 Clarence Dr Ste 250
Address
Frisco, TX 75033-3867
City/State and Zip Code
ra@legalinc.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Chelsea Chapman 4844 386-0178 at ()
Name of Person Area Code Daytime Telephone Number
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Registration Section Division of Corporations

TO:

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

Democrat to the amorphis	-a ufacation 405 0115	Florido Statutas the un	adami mod		
Pursuant to the provision Legaline Corporate Service		riorida Statutes, the un	•		
	Name of Registered Agent	 	, hereby resigns as		
Registered Agent for CI					_
		ed Liability Company			_•
	Name of Limite	Ed Liability Company			
L19000098555					
Document Nu	mber, if known				
A copy of this resignation	on was mailed to the abo	ove listed limited liabili	ity company at its last know	n address.	
The agency is terminated		Signature of Resigning Ager	fler the date on which this s	tatement i	s filed.
If signing on behalf of a	n entity:		 !"	- · · · · · · · · · · · · · · · · · · ·	
	Chelsea Chapman		· :		л : "
	•••	ed or Printed Name Corporate Services, INC.			r==3
		Capacity		FATE	H : 44
	⊙ \$ 25.00 .	Active limited liability	lved/voluntarily dissolved	/	

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

INHS17 (2/14)