L19000160399

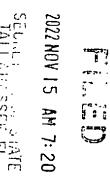
(Re	questor's Name)			
(Ad	dress)			
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(Cit	y/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nar	me)		
(Do	cument Number)			
Pertified Copies Certificates of Status				
Special Instructions to	Filing Officer:	_		

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11/15/22--01037--001 **\$800.00



2/14/2023

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: METTLE MOON LLC Nar	ne of Limited Liab	ility Company
DOCUMENT NUMBER: L1900016039	99	
	1	ited Liability Company and fee are submitted
Please return all correspondence conce	rning this matter	to the following:
Chelsea Chapman		
Name of Person		<u> </u>
Legalinc Corporate Services, INC.		
Name of Firm/Compa	ny	
10601 Clarence Dr Ste 250		
Address		
Frisco, TX 75033-3867		
City/State and Zip Co	de	
ra@legalinc.com		
E-mail address: (to be used for future and	iual report notification	n)
For further information concerning this	matter, please ca	II:
Chelsea Chapman	844 at (386-0178
Name of Person	Area C	ode Daytime Telephone Number
Enclosed is a check made payable to th liability company or \$25.00 for an adm limited liability company.	e Florida Departr inistratively disso	nent of State for \$85.00 for an active limited lived, voluntarily dissolved or withdrawn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 provisio	ns of section 605.0115.	. Florida Statul	tes, the undersigned.			
Legaline Corporate Services, INC. Name of Registered Agent			, hereby resigns as			
Registered Agent for M	IETTLE MOON LLC					
	Name of Limit	ed Liability Com	pany		<u> </u>	
L19000160399						
Document No	amber, if known					
A copy of this resignation	on was mailed to the ab	ا ove listed lim	ited liability company at its last	known ado	iress.	
The agency is terminate	01	tinued on the 3	31st day after the date on which	this statem	nent is f	filed.
If signing on behalf of a	ın entity:				~ 3	
	Chelsea Chapman			NAT TAL)022 N	حديد
	Typ On Behalf of Legaline	ped or Printed Na Corporate Serv			3 I AO	.
	FILING F O \$ 85.00 O \$ 25.00	Active limited Administrative	d liability company lely dissolved/voluntarily disso mited liability company	SEE FL	2022 NOV 15 AM 7: 21	
		e to Florida De Division of Cor P.O. Box (Tallahassee, F	ģ327			

INHS17 (2/14)