

L19000163033

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

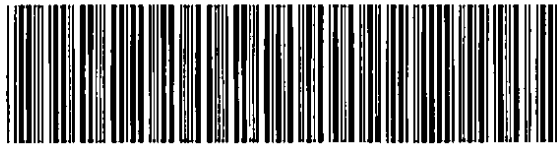
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700336042927

11/01/19--01011--032 \*\*25.00

12/17/19--01008--004 \*\*60.00

FILED  
2019 DEC 16 AM 9:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

R.A./RES

DEC 18 2019

I ALBRITTON

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Delta 9 Solutions LLC  
Name of Limited Liability Company

DOCUMENT NUMBER: L19000163033

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:

Chris Horne  
Name of Person

Delta 9 Solutions  
Name of Firm/Company

2925 Sierra Pine Dr  
Address

Lake Worth FL 33462  
City/State and Zip Code

Delta 9 Solutions 1261@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Chris Horne at ( <sup>561</sup> ~~954~~ ) 239-7721  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 3, 2019

CHRIS HORNE  
2925 SIERRA PINE DRIVE  
LAKE WORTH, FL 33462

SUBJECT: DELTA9 SOLUTIONS "LLC"  
Ref. Number: L19000163033

We have received your document for DELTA9 SOLUTIONS "LLC" and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

To resign as registered agent for an active limited liability company, the enclosed resignation form should be completed and returned with a filing fee of \$85.00.

There is a balance due of \$60.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton  
Regulatory Specialist II

Letter Number: 419A00024404

2019 DEC 10 PM 4:11

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

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Mickey McLellan hereby resigns as  
Name of Registered Agent

Registered Agent for Delta 9 Solutions LLC  
Name of Limited Liability Company

L19000163033  
Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

[Signature]  
Signature of Resigning Agent

If signing on behalf of an entity:

Mickey McLellan  
Typed or Printed Name  
Registered Agent  
Capacity

FILED  
2019 DEC 16 AM 9:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## FILING FEES:

\$ 85.00 Active limited liability company  
\$ 25.00 Administratively dissolved/ voluntarily dissolved/  
withdrawn limited liability company

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