

L19000 275217

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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(Business Entity Name)

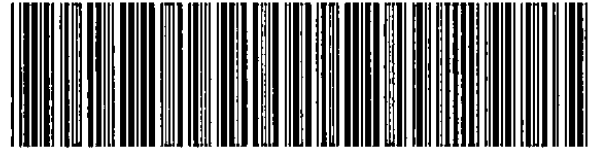
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TALLAHASSEE

# COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ROVENA LLC

\_\_\_\_\_  
Name of Limited Liability Company

DOCUMENT NUMBER: L19000275217

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@legaline.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Chelsea Chapman

\_\_\_\_\_  
Name of Person

at ( 844 ) 386-0178  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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