120000028921

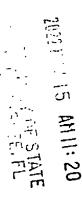
(Requestor's Name)						
(Address)						
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PICK-UP WAIT MAIL						
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(Document Number)						
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COVER LETTER

TO:	Registration Section Division of Corporations	1	
	•		
SUBJ	ECT:		
		Limited Liabili	ty Company
DOC	UMENT NUMBER: L20000028921		
The er	nclosed Resignation of Registered Ageing.	nt for a Limit	ed Liability Company and fee are submitted
Please	return all correspondence concerning	this matter to	the following:
Chelse	a Chapman		
	Name of Person		_
Legalir	nc Corporate Services, INC.		
	Name of Firm/Company		_
10601	Clarence Dr Ste 250		
	Address		
Frisco,	TX 75033-3867		
	City/State and Zip Code		_ .
ra@leg	galinc.com		
E-	-mail address: (to be used for future annual rep	oort notification)	
For fu	rther information concerning this matte	er, please call	:
Chelse	a Chapman	844	386-0178
	Name of Person	at (Area Cod	e Daytime Telephone Number
liabilit	sed is a check made payable to the Flor ty company or \$25.00 for an administra d liability company.	rida Departme atively dissolv	ent of State for \$85.00 for an active limited wed, voluntarily dissolved or withdrawn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
INHS11	7 (2/14)		

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisi	ons of section 605.0115,	Florida Statutes, the under	signed.	
Legaline Corporate Serv	vices, INC.		, hereby resigns as	
	Name of Registered Agent			
Registered Agent for _	BIG UNIVERSE GIFTS L	LC		
	Name of Limite	ed Liability Company		,
L20000028921		1		
Document N	Sumber, if known	_		
A copy of this resignat	ion was mailed to the abo	ove listed limited liability o	ompany at its last kno	own address.
If signing on behalf of		Signature of Resigning Agent		3 statement is med.
	Chelsea Chapman	I		
	Тур	oed or Printed Name		
	On Behalf of Legaline (Corporate Services, INC.		. 28.
	FILING F	Capacity	mpany d/ voluntarily dissolv y company	MAN 15 AM II: 20

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

INHS17 (2/14)