# L30000037152

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Cir	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
<u> </u>		
Special Instructions to	Filing Officer:	
<b>\</b>		

Office Use Only



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FILED 10 PM 12: 42

### **COVER LETTER**

TO: Registration Section Division of Corporations	\$		
TWO RIVERS DIGITA	AL SERVICES LLC	:	
	Name of Limi	ted Liability	Company
DOCUMENT NUMBER: 1.200	00037152	_	
The enclosed Resignation of Regfor filing.	gistered Agent fo	or a Limited	Liability Company and fee are submitted
Please return all correspondence	concerning this	matter to th	ne following:
Chelsea Chapman			
Name of P	erson		
Legalinc Corporate Services, INC.			
Name of Firm/	Company		
10601 Clarence Dr Ste 250			
Addres	SS .		
Frisco, TX 75033-3867			
City/State and	Zip Code		
ra@legaline.com			
E-mail address: (to be used for fu	iture annual report n	otification)	
For further information concerni	ing this matter, p	lease call:	
Chelsea Chapman	at (	844	386-0178 )
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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

Pursuant to the provis	ions of section 605.01	15, Florida Statutes, the un	dersigned,			
Legaline Corporate Ser	vices, INC.		, hereby resigns as			
	Name of Registered Ag	gent				
Registered Agent for	TWO RIVERS DIGITA	AL SERVICES LLC				
	Name of Li	mited Liability Company		· · · · · · · · · · · · · · · · · · ·		
1.20000037152						
Document	Number, if known	<del></del>				
A copy of this resigna	tion was mailed to the	above listed limited liabili	ty company at its last k	nown address.		
The agency is termina	ated and the office disc	ontinued on the 31st day a	fter the date on which the	his statement is fi	led.	
If signing on behalf of	f an entity:	·				
	Chelsea Chapman					
		Typed or Printed Name		7:		
	On Behalf of Legali	nc Corporate Services, INC.		F-3		
	<del>.</del>	Capacity		10 m	1 2 	
	FILING ○ \$ 85.00 ⊙ \$ 25.00	G FEES: Active limited liability Administratively disso withdrawn limited liab	company lved/voluntarily disso pility company	PM 12: 42 ASSEE FL		

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