# L20000093585

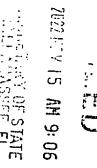
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PICK-UP WAIT MAIL				
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Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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#### **COVER LETTER**

TO: Registration Section Division of Corporations		
HOME RUN CHIROPRACTIC I SUBJECT: Name	PLLC e of Limited Liabili	ty Company
DOCUMENT NUMBER: L20000093585		. ,
		ed Liability Company and fee are submitted
Please return all correspondence concern	ning this matter to	the following:
Chelsea Chapman		
Name of Person		<del>_</del>
Legaline Corporate Services, INC.		
Name of Firm/Company	у	_
10601 Clarence Dr Ste 250		
Address		<del>-</del>
Frisco, TX 75033-3867		
City/State and Zip Code	e	_
ra@legalinc.com		
E-mail address: (to be used for future annu-	al report notification)	_
For further information concerning this t	matter, please call	:
Chelsea Chapman	844 at (	386-0178
Name of Person	Area Cod	e 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provisions of section 605.	0115, Florida Statutes, the und-	ersigned,	
Legaline Corporate Services, INC.		_, hereby resigns as	
Name of Registered			
Registered Agent for HOME RUN CHIRO	PRACTIC PLLC		
Name of	Limited Liability Company		·
1.20000093585			
Document Number, if known	<del></del> -		
A copy of this resignation was mailed to t	he above listed limited liability	company at its last known ad	dress.
The agency is terminated and the office di	Signature of Resigning Agent		
Chelsea Chapmar	1		
<del></del>	Typed or Printed Name		. ~
On Behalf of Leg	aline Corporate Services, INC.	~; `	6272
	Capacity		2022 MOV 15
© \$ 85.0 © \$ 25.0	NG FEES: 00 Active limited liability c 00 Administratively dissolv withdrawn limited liabil	company red/ voluntarily dissolved/ lity company	AN 9: 06

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