# L20000101071

(Requestor's Name)				
(Address)				
(Address)				
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				
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### COVER LETTER

SUBJECT: CANMORE FUNDRAISING LLC	· . ·	
	imited Liability	' Company
DOCUMENT NUMBER: L20000101071		
The enclosed Resignation of Registered Agen for filing.	t for a Limited	d Liability Company and fee are submitted
Please return all correspondence concerning the	his matter to t	he following:
Travis Crabtree		
Name of Person		-
LEGALCORP SOLUTIONS, LLC		
Name of Firm/Company		-
3 Greenway Plaza #1320		
Address		•
Houston, TX 77()46		
City/State and Zip Code		-
sean.ml.finn@gmail.com		
E-mail address: (to be used for future annual repo	ort notification)	-
For further information concerning this matter	r, please call:	
LegalCorp Solutions, LLC	888 at (	534-3018
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

INHS17 (2/14)

\$ 25.00

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

Pursuant to the provision	ons of section 605.0115, Florida Statute	s. the undersigned,
LEGALCORP SOLUTI	ONS, LLC	hereby resigns as
<u>,                                      </u>	Name of Registered Agent	Hereby resigns as
Registered Agent for _	CANMORE FUNDRAISING LLC	
	Name of Limited Liability Compa	iny
1.20000101071		
Document N	lumber, if known	
-		ed liability company at its last known address.  st day after the date on which this statement is filed
	Signature of Resign	aing Agent
If signing on behalf of	an entity:	SECRETA
	Travis Crabtree	SEI SEI
	Typed or Printed Name	ANY OF S
	Member	
	Capacity	PED AMIL: 0

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

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\$25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company