2000035716

(1	Requestor's Name)			
(,	Address)			
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COVER LETTER

SUBJECT: Name of Limited Liability	Company
DOCUMENT NUMBER: L20000125716	<u> </u>
The enclosed Resignation of Registered Agent for a Limited for filing.	d Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	ne 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@legalinc.com	
E-mail address: (to be used for future annual report notification)	•
For further information concerning this matter, please call:	
Chelsea Chapman 844 at (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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Registration Section Division of Corporations

TO:

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

INHS17 (2/14)

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisio	ons of section 605.011	Florida Statutes, the unc	dersigned,		
Legaline Corporate Services, INC.			, hereby resigns as		
	ent				
Registered Agent for	RUTH ELEVEN LLC				
-	Name of Lir	nited Liability Company		·	
L20000125716					
Document Nu	umber, if known				
A copy of this resignation	on was mailed to the	above listed limited liabilit	ty company at its last	known address.	
The agency is terminate	Chube	Ontinued on the 31st day af Signature of Resigning Agen	Meil	this statement is the	cu.
If signing on behalf of a	nn entity:				į
	Chelsea Chapman			- 한빛 및	ا ب ۳۶۰۹۰
Typed or Printed N		Typed or Printed Name	 _		in the second
	On Behalf of Legalir	ne Corporate Services, INC.		PS .	
		Capacity		SSS 王	
	FILING © \$ 85.00 © \$ 25.00	FEES: Active limited liability Administratively dissol withdrawn limited liab	ved/ voluntarily diss	HETERY OF STATE olved/	

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