L20000136061

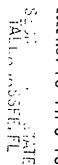
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COVER LETTER

Division of Corporations	
SUBJECT:	
Name of Limited Liab	oility Company
DOCUMENT NUMBER: L20000136061	
The enclosed Resignation of Registered Agent for a Linfor filing.	nited Liability Company and fee are submitted
Please return all correspondence concerning this matter	to the 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	T
ra@legalinc.com	
E-mail address: (to be used for future annual report notification	a)
For further information concerning this matter, please ca	
Chelsea Chapman 844 at (386-0178
Name of Person Area C	ode Daytime Telephone Number
Enclosed is a check made payable to the Florida Departiliability company or \$25.00 for an administratively dissolimited liability company.	ment of State for \$85.00 for an active limited of state for \$85.00 for an active limited of ved, voluntarily dissolved or withdrawn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

INHS17 (2/14)

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisi	ions of section 605.0115, F	Torida Statutes	the undersigned,			
Legaline Corporate Services, INC.			, hereby resigns as			
	Name of Registered Agent	İ		4-0		
Registered Agent for	GOOFY GOAT SOAPS LLC	C			_	
						,
	Name of Limited	Liability Company	y			
L20000136061						
Document !	Number, if known	_				
A copy of this resignar	tion was mailed to the abov	ve listed limited	liability company at its la	ist known	addre	SS.
The agency is termina	ted and the office discontin	gnature of Resignin		ch this sta		t is filed
If signing on behalf of	an entity:				2022 NOV	<u>्यम</u> ्
	Chelsea Chapman					8 '
	• • • • • • • • • • • • • • • • • • • •	d or Printed Name		MSSEF.	15	4
	On Behalf of Legaline Co		. INC.	7. 	<u> </u>	£ 5 ! ~=*
	(Capacity		SIATE	PM 5: 13	
	FILING FE O \$ 85.00 A O \$ 25.00 A	ctive limited lia dministratively	ability company dissolved/voluntarily di ed liability company	ssolved/		
	Make checks payable to Di	o Florida Depart vision of Corport P.O. Box 6327				
	r	allahassee, FL 3				

INHS17 (2/14)