120000140838

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(2.5
(Document Number)
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TOPEL TO PH 4: 14

COVER LETTER

SUBJECT: Name of Limited Liability	y Company
DOCUMENT NUMBER: L20000140838	
The enclosed Resignation of Registered Agent for a Limite for filing.	d Liability Company and fee are submitte
Please return all correspondence concerning this matter to t	he 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	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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provisions of se	ction 605.0115, F	Florida Statutes, the under	rsigned.	
Legaline Corporate Services, INC. Name of Registered Agent			, hereby resigns as	
Registered Agent for STARKS	MOBILE DETAII	LLC		
<u>, </u>	Name of Limited	1 Liability Company		:
L20000140838				
Document Number, if	known	_		
A copy of this resignation was i	mailed to the abo	ve listed limited liability	company at its last known addre	ess.
The agency is terminated and th	ne office discontir	nued on the 31st day after	r the date on which this stateme	nt is file
	MUS	gnature of Resigning Agent	anan	
If signing on behalf of an entity	:	`		
Chelso	a Chapman			
	Туре	d or Printed Name		
On Be	half of Legaline Co	orporate Services, INC.		
	(Capacity		20
	OS 25.00 A	Stive limited lightlity co	d/ voluntarily dissolved/ 🦰 🔠	2022 HOV 10 PH 4:

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