L20000/63289

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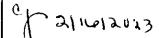
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COVER LETTER

HOME OR ONLY EXCENTED A SALE	-	
HOMEGROWN ESSENTIALS LLC SUBJECT:		<u> </u>
Name of	Limited Liability	Company
DOCUMENT NUMBER: L20000163289	·	
The enclosed Resignation of Registered Agfor filing.	gent for a Limited	Liability Company and fee are submitted
Please return all correspondence concerning	g this matter to th	ne following:
Chelsea Chapman		
Name of Person	-	
Legaline Corporate Services, INC.		
Name of Firm/Company	и .	
10601 Clarence Dr Ste 250		
Address		
Frisco, TX 75033-3867		
City/State and Zip Code		
ra@legaline.com		
E-mail address: (to be used for future annual re	eport notification)	
For further information concerning this material	tter, 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

TO: Registration Section Division of Corporations

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 provis	ions of section 605.0115, Florida Statutes, th	e undersigned,		
Legaline Corporate Services, INC.		, hereby resigns as		
	Name of Registered Agent	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Registered Agent for	HOMEGROWN ESSENTIALS LLC			
	Name of Limited Liability Company			
L20000163289				
Document	Number, if known			
	ition was mailed to the above listed limited limited limited and the office discontinued on the 31st discontinued on the	ay after the date on which this staten	ment is	filed.
If signing on behalf of	f an entity:	프를	22 1	
	Chelsea Chapman		2022 NOV 15	ار الم
	Typed or Printed Name		-5	1
	On Behalf of Legaline Corporate Services, I	NC.	ъ	Ţľ:
	Capacity	EE.FL	PM 5: 25	

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

O \$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company