L20000166234

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Certified Copies	Certificates	of Status
Special Instructions to f	Filing Officer:	





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COVER LETTER

TO: Registration Section Division of Corporations	
GENEVA ORGANIZED SOLUTIONS LLC	
Name of Limited Liability	Company
DOCUMENT NUMBER: L20000166234	
The enclosed Resignation of Registered Agent for a Limited for filing.	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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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 provi	sions of section 605.0115, Florida Statutes, the	undersigned,	
Legaline Corporate Services, INC. , her		, hereby resigns as	
		, nereby resigns as	
Registered Agent for	GENEVA ORGANIZED SOLUTIONS LLC		_
	Name of Limited Liability Company	· · · · · · · · · · · · · · · · · · ·	
L20000166234			
Documen	t Number, if known		
A copy of this resign	ation was mailed to the above listed limited liab	oility company at its last known address	i.
The agency is termin	Signature of Resigning Ag	207 	
If signing on behalf of	of an entity:		-4.
	Chelsea Chapman	55 o	, !
	Typed or Printed Name	———— isi 🚬	:
	On Behalf of Legaline Corporate Services, INC	SEE, F	
	Capacity		

FILING FEES:

© \$85.00 Active limited liability company
Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

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