## L20000169448

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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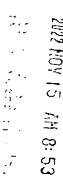
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A. RIVERS FEB 1 7 2023



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## **COVER LETTER**

FO: Registration Section Division of Corporations	
BEVINS FLOORING, TILE, & RENOVATIONS LLC SUBJECT:	
Name of Limited Liability Company	_
DOCUMENT NUMBER: L20000169448	_
The enclosed Resignation of Registered Agent for a Limited Liability Company and fee for filing.	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	
ra@legalinc.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Chelsea Chapman at ( 386-0178 )  Name of Person Area Code Daytime Telephone Number	202
Name of Person Area Code Daytime Telephone Number	401 2202
Enclosed is a check made payable to the Florida Department of State for \$85.00 for an a jability company or \$25.00 for an administratively dissolved, voluntarily dissolved or w	ictive limited
imited 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

INHS17 (2/14)

TO:

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0113	5. Florida Statutes, the undersigned.		
Legaline Corporate Services, INC.	, hereb	y resigns as	
Name of Registered Ager		, 2	
Registered Agent for BEVINS FLOORING, TI	ILE, & RENOVATIONS LLC		
Name of Lim	ited Liability Company	,	ı
L20000169448			
Document Number, if known			
A copy of this resignation was mailed to the a	bove listed limited liability compan	y at its last known address.	
The agency is terminated and the office discord	Signature of Resigning Agent	_	
If signing on behalf of an entity:			
Chelsea Chapman			
T	yped or Printed Name	_	
On Behalf of Legaline	Corporate Services, INC.		
	Capacity	2022 NOV	Personal States
FILING  © \$ 85.00  © \$ 25.00	FEES: Active limited liability company Administratively dissolved/ volu withdrawn limited liability comp	· · · · · · · · · · · · · · · · · · ·	

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