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SUCKEY STALL AND SEE, FL

y 2/9/2023

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: BACKMANAGELLC

Name of Limited Liability Company

DOCUMENT NUMBER: 1.20000177081

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

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

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

<u>Mailing Address:</u> 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

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Pursuant to the provisions of section 605.0115. Florida Statutes, the undersigned.

Legaline Corporate Services, INC.

Name of Registered Agent

Registered Agent for BACKMANAGE LLC

Name of Limited Liability Company

1.20000177081

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Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

	Signatur	re of Resigning Agent	ZUZZ NUV SEvne TALL)))
If signing on behalf of a	n entity:			
	Zachary Mathewson		27. M	
	Typed or Printed Name			د 1 4 م
	On Behalf of Legaline Corporate Services, INC.			
	Capac	ity	1 i m	 л л
	Ö \$ 25.00 Admi	e limited liability company inistratively dissolved/ voluntari drawn limited liability company	ly dissolved/	

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

INHS17 (2/14)