# L20000202880

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#### **COVER LETTER**

TO: Registration Section Division of Corporations

BROOMZILLA'S VIP COMMERCIAL & RESIDENTI.  SUBJECT:	
Name of Limited Liability	Company
DOCUMENT NUMBER: L20000202880	
The enclosed Resignation of Registered Agent for a Limited for filing.	d 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	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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

INHS17 (2/14)

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

Pursuant to the provision	ons of section 605.0115, Flori	da Statutes, the undersigned,
Legaline Corporate Serv	rices, INC.	. hereby resigns as
	Name of Registered Agent	
Registered Agent for _	BROOMZILLA'S VIP COMME	RCIAL & RESIDENTIAL CLEANING SERVICE'S LLC
	Name of Limited Lia	bility Company
1.20000202880		
Document N	lumber, if known	
A copy of this resignat	ion was mailed to the above l	sted limited liability company at its last known address.
The agency is terminat	On	I on the 31st day after the date on which this statement is filed.
If signing on behalf of	an entity:	
	Chelsea Chapman	
	Typed or	Printed Name
	On Behalf of Legaline Corpo	rate Services, INC.
	Сара	city

FILING FEES:

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Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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

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