L20000204145

(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number)
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Office Use Only



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2/13/2023

COVER LETTER

Division of Corporations	
SUBJECT: Name of Limited Liabili	
	ty Company
DOCUMENT NUMBER: L20000204145	
The enclosed Resignation of Registered Agent for a Limit for filing.	ed Liability Company and fee 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 (Name of Person Area Cod	386-0178
Name of Person Area Cod	Daytime Telephone Number
Enclosed is a check made payable to the Florida Departme liability company or \$25.00 for an administratively dissolve limited liability company.	ent of State for \$85.00 for an active limited yed, voluntarily dissolved or withdrawn
Mailing Address: Registration Section Division of Corporations	Street Address: Registration Section Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

INHS17 (2/14)

P.O. Box 6327

Tallahassee, FL 32314

TO: Registration Section

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisi	ons of section 605.0115, Fl	lorida Statutes, the unde	ersigned,			
Legaline Corporate Services, INC.		, hereby resign	hereby resigns as			
	Name of Registered Agent					
Registered Agent for _	ACHIEVER MOM LLC					
						<u>.</u>
	Name of Limited	Liability Company				
L20000204145						
Document ?	Number, if known	-				
A copy of this resignat	ion was mailed to the abov	e listed limited liability	company at its	last knov	vn addi	ress.
The agency is terminal	ed and the office discontinuous Sig	ued on the 31st day after mature of Resigning Agent	r the date on wh	co 문학		ent is filed.
If signing on behalf of	an entity:				2 K	carps.
	Chelsea Chapman			LAJASSI	2022 NOV 15	
	•••	or Printed Name		が の		á a samman
	On Behalf of Legaline Co	<u> </u>		E :	PH	8 6 6
	C	`apacity		SPATE	5: 38	
	FILING FEI S 85.00 A S 25.00 A W	ES: ctive limited liability co dministratively dissolve /ithdrawn limited liabil	ompany ed/voluntarily (ity company	dissolved	I/	

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