L20000208900

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COVER LETTER

TO: Registration Section Division of Corporations	
REDD MGMT LLC SUBJECT:	
Name of Limited Liability Com	pany
DOCUMENT NUMBER: L20000208900	
The enclosed Resignation of Registered Agent for a Limited Liab for filing.	ility Company and fee are submitted
Please return all correspondence concerning this matter to the fol	lowing:
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:	
Chelsca Chapman at (844) 386-4 Name of Person Area Code Day	0178 time Telephone Number
Tital Code Day	me i erephone i minoer

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provisions of section 605.0115	5, Florida Statutes, the unders	igned,	
Legaline Corporate Services, INC.		hereby resigns as	
Name of Registered Ager			
Registered Agent for REDD MGMT LLC			
		,	
Name of Lim	ited Liability Company		
L20000208900			
Document Number, if known			
A copy of this resignation was mailed to the a	bove listed limited liability co	ompany at its last known address.	
The agency is terminated and the office discor	ntinued on the 31st day after	the date on which this statement is file	d.
Mille	On MONO! Signature of Resigning Agent	1	
If signing on behalf of an entity:			
Chelsea Chapman			
Ty	yped or Printed Name		
On Behalf of Legalino	Corporate Services, INC.		
	Capacity	 -	
FILING © \$ 85.00 © \$ 25.00	FEES: Active limited liability con Administratively dissolved withdrawn limited liability	SECRETARY OF STALL AHASSEE. FL voluntarily dissolved y 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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