# L300003386C

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	÷#)
PICK-UP	☐ WAIT	MAIL MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
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#### **COVER LETTER**

SUBJECT: Na	me of Limited Liability Company
DOCUMENT NUMBER:	
The enclosed Resignation of Registere for filing.	ed Agent for a Limited Liability Company and fee are submitted
Please return all correspondence conce	erning this matter to the following:
Chelsea Chapman	
Name of Person	
Legaline Corporate Services, INC.	
Name of Firm/Compa	iny
10601 Clarence Dr Ste 250	
Address	
Frisco, TX 75033-3867	
City/State and Zip Co	ode
ra@legalinc.com	
E-mail address: (to be used for future and	nual report notification)
For further information concerning thi	s matter, please call:
Chelsea Chapman	at ()
Name of Person	at () Area Code Daytime Felephone 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Registration Section Division of Corporations

TO:

### 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 sectio	on 605.011	5, Florida Statutes, the	e undersigned.			
Legaline Corporate Services, INC.	ons as					
Name of Registered Agent , hereby resigns as						
Registered Agent for <u>JRAN TEC</u>	HLLC			_ <del>_</del>		-
;	Name of Lin	nited Liability Company	<u> </u>		·	<b>-•</b>
1.20000228600 Document Number, if know	W1)					
A copy of this resignation was mail		above listed limited lia	ibility company at it	ts last known ad	dress.	
The agency is terminated and the o	office disco	ontinued on the 31st da	y after the date on v	which this staten	nent is	file
		Joch Who	far			
		Signature of Resigning	Agent			
If signing on behalf of an entity:						
		Zachary Mathewson				
	1	Typed or Printed Name			262	
On Behalf	f of Legalin	ne Corporate Services, I	NC.	この	72	ì
		Capacity		, <u>-6</u>	2022 HGV 14	4.74 41.1
				三	1-	941
				S ( )	H	[ ]
o	<u>FILING</u> \$ 85.00	FEES: Active limited liab	ility company	<u></u>	23	C
	\$ 25.00	Administratively d withdrawn limited	issolved/voluntaril	ly dissolv@	PH 12: 33	

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