# LZ0000249924

(Reque	stor's Name)	
(Addres	ss)	
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(City/St	ate/Zip/Phone #)	
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TALLAHASSEE, FL

,	
, COVER LETT	TER
TO: Registration Section Division of Corporations	•
SUBJECT: Stay At Home Docs LLC	- Course
DOCUMENT NUMBER: L20000249924	- Company
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	ie following:
Legalinc Corporate Services Inc.	
Name of Person	-
Legalzoom.com, Inc.	
Name of Firm/Company	-
9900 Spectrum Dr.	
Address	
Austin, TX 78717	
City/State and Zip Code	SE
liraresignations@legalzoom.com	TAL
E-mail address: (to be used for future annual report notification)	25
For further information concerning this matter, please call:	
800 at (	773-0888
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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

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

Legalinc Corporate Services Inc.

\_\_\_\_\_\_. hereby resigns as

Name of Registered Agent

Registered Agent for Stay At Home Docs LLC

Name of Limited Liability Company

L20000249924

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.

Signature of Resigning Agent

If signing on behalf of an entity:

Erik Treutlein

Typed or Printed Name President of Legalinc Corporate Services Inc.

Capacity

### FILING FEES:

\$ 85.00 Active limited liability company

\$ 25.00 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withdrawn limited liability company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