# L20000259467

(Re	equestor's Name)	
(Ad	(dress)	
(Ad	idress)	<del></del>
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



300397628253

300397628253 11/14/22--01011--002 \*\*1

## **COVER LETTER**

SUBJECT:	
Name of Limited Liability	y Company
DOCUMENT NUMBER:	
The enclosed Resignation of Registered Agent for a Limite for filing.	d Liability Company and fee are submitted
Please return all correspondence concerning this matter to t	he following:
Chelsea Chapman	
Name of Person	<del>-</del>
Legaline Corporate Services, INC.	
Name of Firm/Company	-
10601 Clarence Dr Ste 250	
Address	<b></b>
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 S44 at (	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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Registration Section Division of Corporations

TØ:

## 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 605.0	1115, Florida Statutes, the under	signed,
Legaline Corporate Services, INC.		, hereby resigns as
Name of Registered		. 1101003 1031510 00
Registered Agent for <u>STREET 50 LLC</u>		
Name of	Limited Liability Company	
L20000259467 Document Number, if known		
Document Sumber, if known		
A copy of this resignation was mailed to the	ne above listed limited liability c	ompany at its last known address.
The agency is terminated and the office di	scontinued on the 31st day after	the date on which this statement is f
	Bach Masherin	
	Signature of Resigning Agent	
If signing on behalf of an entity:		
	Zachary Mathewson	
	Typed or Printed Name	
On Behalf of Leg	aline Corporate Services, INC.	
-	Capacity	2022 FOY 14
FILE	NG FEES:	
<b>o</b> \$ 85.0 <b>o</b> \$ 25.0		d/ voluntarily dissolyed/ 📿 🌯

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