L20000242933

(Re	questor's Name)	
(Ad	ldress)	
· ·	,	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
	To the state of	
(Bu	isiness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
:		

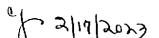
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COVER LETTER

	Name of Limite	d Liability	Company
DOCUMENT NUMBER: L200	00262833		
The enclosed Resignation of Refor filing.	gistered Agent for	a Limited	Liability Company and fee are submitte
Please return all correspondence	concerning this m	natter to th	ne following:
Chelsea Chapman			
Name of P	erson	-	
Legaline Corporate Services, INC.			
Name of Firm/	Company		
10601 Clarence Dr Ste 250			
Addres	S		
Frisco, TX 75033-3867			
City/State and	Zip Code		
ra@legalinc.com			
E-mail address: (to be used for fu	ture annual report not	ification)	
For further information concerni	ng this matter, ple	ase call:	
Chelsea Chapman	8·	44	386-0178
Name of Person	at (rea 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

TO: Registration Section Division of Corporations

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 provi	sions of section 605.0115, Florida Statutes,	the undersigned.			
Legaline Corporate Services, INC.		, hereby resigns as	, hereby resigns as		
	Name of Registered Agent	, ,			
Registered Agent for	D LOVES CLEANING LLC				
	Name of Limited Liability Company	y	,		
L20000262833					
Documen	t Number, if known				
A copy of this resign	ation was mailed to the above listed limited	liability company at its last kr	nown address.		
The agency is termin	ated and the office discontinued on the 31st	day after the date on which th	is statement is t	filed	
	Signature of Resigning	ng Agent	2022 NOV	T	
If signing on behalf of an entity:		1 	. 2	~e***.	
	Chelsea Chapman	173	ر د	ال المالية. ا	
	Typed or Printed Name		AN 7:0	ָּנֵם נֵים	
	On Behalf of Legaline Corporate Services	, INC.	<u> </u>	نييا	
	Capacity		~~ o		

FILING FEES:

© \$85.00 Active limited liability company
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