L20000273687

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
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COVER LETTER

SUBJECT: Name o	f Limited Liabili	ty Company
DOCUMENT NUMBER:		
The enclosed Resignation of Registered Agfor filing.	ent for a Limit	ed Liability Company and fee are submitted
Please return all correspondence concerning	g this matter to	the following:
Chelsea Chapman		
Name of Person		·····
Legaline Corporate Services, INC.		
Name of Firm/Company		
10601 Clarence Dr Ste 250		
Address	<u>-</u>	
Frisco, TX 75033-3867		
City/State and Zip Code		
ra@legalinc.com		
E-mail address: (to be used for future annual re	eport notification)	
For further information concerning this ma-	iter, please call	:
Chelsea Chapman	844 at (386-0178 Daytime Telephone Number
Name of Person	Area Cod	e 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provision	ns of section 605.0115, Florida Statutes, the unde	rsigned,	
Legalinc Corporate Services, INC. Name of Registered Agent		. hereby resigns as	
	Name of Limited Liability Company	· · · · · · · · · · · · · · · · · · ·	
1.20000273687	mber, if known		
	on was mailed to the above listed limited liability	company at its last known address.	
The agency is terminated	d and the office discontinued on the 31st day after	r the date on which this statement is fike	
	Sal Watter		
	Signature of Resigning Agent		
If signing on behalf of a	n entity:	ù27.	
	Zachary Mathewson		
	Typed or Printed Name	THE PHIL	
On Behalf of Legaline Corporate Services, INC.		15. P	
	Capacity		
		THE GRY OF STATE	
	FILING FEES:		
	• \$ 85.00 Active limited liability of Administratively dissolve withdrawn limited liabil	ed/ voluntarily dissolved/	

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