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(Re	questor's Name)	
bA)	dress)	<u>.</u>
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(Cit	y/State/Zip/Phon	e #î
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COVER LETTER

,	Vame of Limited Liabili	ty Company
DOCUMENT NUMBER: <u>1,200002</u>	277110	
The enclosed Resignation of Registe for filing.	red Agent for a Limit	ed Liability Company and fee are subm
Please return all correspondence con	cerning this matter to	the following:
Chelsea Chapman		
Name of Persor	1	_
Legaline Corporate Services, INC.		
Name of Firm/Com	pany	_
10601 Clarence Dr Ste 250		
Address		
Frisco, TX 75033-3867		
City/State and Zip C	Code	- -
ra@legalinc.com		
E-mail address: (to be used for future a	innual report notification)	-
For further information concerning the	his matter, please call	:
Chelsea Chapman	844	386-0178
Name of Person	at (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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

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, F1, 32303

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	is of section 605.0115. Florida Statutes, the under	rsigned,		
Legaline Corporate Service	res. INC.	. hereby resigns as	SE SE	20:
Name of Registered Agent		, v vveres, v savigram an	150 150 100 100 100 100 100 100 100 100	22 №
Registered Agent for THE SOCIAL DAWG LLC			<u> </u>	2022 NO y
				£ .
Name of Limited Liability Company				
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1.20000277110			<u>-</u> ب	ွ
	mber, if known			-
	n was mailed to the above listed limited liability of and the office discontinued on the 31st day after when the state of Resigning Agent			
If signing on behalf of ar	n entity:			
	Zachary Mathewson			
	Typed or Printed Name			
	On Behalf of Legaline Corporate Services, INC.			
	Capacity			

FILING FEES:

\$ \$5.00 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Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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