# L20000283972

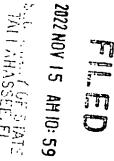
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		

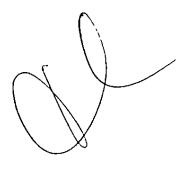




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#### **COVER LETTER**

Registration Section Division of Corporations SHAABAN MAINTENANCE SERVICES LLC Name of Limited Liability Company DOCUMENT NUMBER: L20000283972

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

riease return an correspondence concerning	g tills matter to t	ne following.	
Chelsea Chapman			
Name of Person		_	
Legaline Corporate Services, INC.			
Name of Firm/Company		_	
10601 Clarence Dr Ste 250			
Address		-	
Frisco. TX 75033-3867			:
City/State and Zip Code		-	1
ra@legalinc.com			3
E-mail address: (to be used for future annual re	eport notification)	-	;
For further information concerning this mat	tter, please call:		r
Chelsea Chapman	844 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

#### **Street Address:**

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

TO:

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

Pursuant to the provisions of section 605.011	5, Florida Statutes, the unde	ersigned,	
Legaline Corporate Services, INC.		, hereby resigns as	
Name of Registered Age	ent	, 110100 j 1031g.10 do	
Registered Agent for SHAABAN MAINTEN	ANCE SERVICES LLC		
Name of Lir	nited Liability Company	,	
L20000283972			
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 disco	Ontinued on the 31st day after Signature of Resigning Agent	r the date on which this statement is filed	d.
If signing on behalf of an entity:			
Chelsea Chapman			
1	Typed or Printed Name	202	
On Behalf of Legaline Corporate Services, INC.		22	
	Capacity	2022 NOV 15	7
FILING © \$ 85.00 © \$ 25.00	FEES: Active limited liability of Administratively dissolve withdrawn limited liabil	ompany ed/ voluntarily dissolved/	

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