L20000 29952

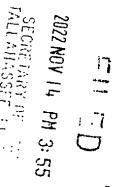
(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
FEB. 9 703			
8. 9. N. C. S.			

Office Use Only



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COVER LETTER

SUBJECT: <u>CRCLOSET LLC</u> Name of Li	mited Liabili	ty Company
DOCUMENT NUMBER: <u>L20000299522</u>		
The enclosed Resignation of Registered Agent for filing.	for a Limit	ed Liability Company and fee are submitted
Please return all correspondence concerning th	is matter to	the following:
Chelsea Chapman		
Name of Person		<u> </u>
Legaline Corporate Services, INC.		
Name of Firm/Company		
10601 Clarence Dr Ste 250		
Address		
Frisco, TX 75033-3867		
City/State and Zip Code		
ra@legalinc.com		
E-mail address: (to be used for future annual repor	t notification)	
For further information concerning this matter	, płease call	:
Chelsea Chapman Name of Person	844 at (<u> </u>	386-0178 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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, FL 32303