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COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJ	ECT:	
	Name of Limited Liabilit	y Company
DOC	JMENT NUMBER: L20000331239	
The enfor fil	nclosed Resignation of Registered Agent for a Limite ing.	d Liability Company and fee are submitted
Pleaso	return all correspondence concerning this matter to	he following:
Breni	na Lutter	
	Name of Person	-
Busir	ness Filings Incorporated	
	Name of Firm/Company	_
8020	Excelsior Drive Suite 200	
	Address	_
Madi	son, WI 53717	
	City/State and Zip Code	_
E	mail address: (to be used for future annual report notification)	_
For fu	rther information concerning this matter, please call:	
Brenr	na Lutter 608	827-5300 Daytime Telephone Number
	Name of Person Area Code	Daytime Telephone Number

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0	115, Florida Statutes, the undersig	gned,	
Business Filings Incorporated	h	ereby resions as	
Name of Registered A	gent		
Registered Agent for Reelco LLC			_
Name of L	imited Liability Company		٠.
L20000331239			
Document Number, if known			
A copy of this resignation was mailed to the The agency is terminated and the office disc	•		
If signing on behalf of an entity:			
Asst Secretary	Typed or Printed Name for Business Filings Incorp Capacity	2023 DEC 27 PM 12: 34 SECH LARY OF STATE TAIL LARASSEE, FLE porated pany	
<u>FILIN</u> \$ 85.00 \$ 25.00		voluntarity dissolved/10	•

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