## L20000348338

(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:



600397727066

11/15/22--01037--001 \*\*5800.00

2022 NOV 15 AH 7: 47

Office Use Only

2/14/2023

## COVER LIETTER

Registration Section Division of Corporations INTHEMARKET LLC SUBJECT: Name of Limited Liability Company DOCUMENT NUMBER: L20000348338 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: 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 ra@legalinc.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Chelsea Chapman Name of Person 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company. Street Address: Mailing Address: Registration Section Registration Section **Division of Corporations** Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

INHS17 (2/14)

P.O. Box 6327

Tallahassee, FL 32314

TO:

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

Pursuant to the provisions	s of section 605.011	5, Florida Statu	tes, the undersigned,		
Legalinc Corporate Services, INC.		, hereby resigns as			
Name of Registered Agent					
Registered Agent for INT	HEMARKET LLC				
<del> </del>	Name of Lin	nited Liability Con	рапу		•
L20000348338					
Document Nun	nber, if known				
A copy of this resignation	n was mailed to the a	above listed lim	ited liability company at it	s last known addr	ress.
If signing on behalf of an	entity: Chelsea Chapman	Signature of Res	me	vhich this statement value of the value of t	ent is filed
	FILING  0 \$ 85.00  0 \$ 25.00	Active limite Administrati	d liability company vely dissolved/ voluntarily mited liability company	/ dissolved/	
	Make checks payat	ole to Florida De Division of Cor P.O. Box Tallahassee, F	5327	to:	

INHS17 (2/14)