# L20000387052

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(Ad	dress)		
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(Cit	y/State/Zip/Phone	#)	
PICK-UP	☐ WAIT	MAIL	
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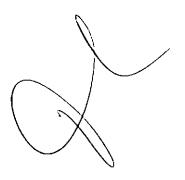
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## **COVER LETTER**

THE DANCE DISTRICT LLC SUBJECT: Name of Limited Liability Company DOCUMENT NUMBER: L20000387052 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@legaline.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

TO:

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

Name of Person

### Street Address:

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

INHS17 (2/14)

Chelsea Chapman

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

Pursuant to the provi	sions of section 605.0115, Florida Statutes, the	undersigned,
Legaline Corporate Se	ervices, INC.	, hereby resigns as
_	Name of Registered Agent	,,,, , , , g , , , ,
Registered Agent for	THE DANCE DISTRICT LLC	
<del></del>	Name of Limited Liability Company	,
L20000387052		
Documen	t Number, if known	
A copy of this resign	ation was mailed to the above listed limited lia	bility company at its last known address.
The agency is termin	ated and the office discontinued on the 31st da  Signature of Resigning A	
If signing on behalf of an entity:		75 F
	Chelsea Chapman	(r) cutes
	Typed or Printed Name	
	On Behalf of Legaline Corporate Services, IN	<u> </u>
	Capacity	· 📻 🗕

FILING FEES:

© \$85.00 Active limited liability company
O \$25.00 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