L21000002697

(R	equestor's Name)			
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COVER LETTER

Nan	ne of Limited Liabili	ty Company
DOCUMENT NUMBER: L2100000269		
The enclosed Resignation of Registered for filing.	d Agent for a Limit	ed Liability Company and fee are submitted
Please return all correspondence concer	rning this matter to	the following:
Chelsca Chapman		
Name of Person	_	_
Legaline Corporate Services, INC.		
Name of Firm/Compar	ny	_
10601 Clarence Dr Ste 250		
Address	•	_
Frisco, TX 75033-3867		
City/State and Zip Coc	de	_
ra@legalinc.com		
E-mail address: (to be used for future annual	ual report notification)	_
For further information concerning this	matter, please call	•
Chelsea Chapman	844 at (386-0178

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ons of section 605.0115, Florida Statutes	s, the undersigned,			
Legalinc Corporate Services, INC. Name of Registered Agent		hereby resigns	, hereby resigns as		
		(g	(Notee) resigns us		
Registered Agent for _	SMASHED BERRIES LLC				_
	Name of Limited Liability Compa	лу			_,
L21000002697					
Document N	lumber, if known				
A copy of this resignat	ion was mailed to the above listed limite	d liability company at its la	ıst known ad	ldress.	
The agency is terminat	ed and the office discontinued on the 31s	st day after the date on which	ch this stater	nent i	s filed.
	Signature of Resign	ning Agent	SEC IA	2022 NO Y	
If signing on behalf of an entity:			F	A ON	_£
	Chelsea Chapman			-5	- ·*
	Typed or Printed Name	:	€r €n	733	
	On Behalf of Legaline Corporate Service	es, INC.	÷.,	M	ا ر در ا از با
	Capacity		- Ž	7։ Լ	-

FILING FEES:
\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

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