L21000100551

(Re	equestor's Name)		
(Ac	ddress)		
(Ac	idress)		
(Cr	ty/State/Zip/Phone	#)	
PICK-UP	☐ WAIT	MAIL	
(Bu	usiness Entity Name	e)	
(Do	ocument Number)		
Certified Copies	_ Certificates o	of Status	
Special Instructions to Filing Officer:			

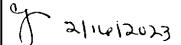


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Office Use Only



COVER LETTER

TO: Registration Section Division of Corporations	
CARD NEBULA L.L.C. SUBJECT:	
Name of Limited Liability	Company
DOCUMENT NUMBER: L21000100551	
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	ne 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 844 at (386-0178
Name of Person Area Code	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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Street Address:

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

INHS17 (2/14)

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the prov	risions of section 605.0115, Florida Statutes, the	ie undersigned,
Legaline Corporate S	ervices, INC.	, hereby resigns as
	Name of Registered Agent	
Registered Agent fo	r CARD NEBULA L.L.C.	
	Name of Limited Liability Company	
1,21000100551		
Docume	nt Number, if known	
	nation was mailed to the above listed limited linated and the office discontinued on the 31st of	
The agency is term	Signature of Resigning	WWW
If signing on behalf	of an entity:	2 2 2 2 3 3 3 3 3 3 3 3 3 3
	Chelsea Chapman	L. 70
	Typed or Printed Name	INC. SSE
	On Behalf of Legaline Corporate Services.	INC. CS
	Capacity	4 7:31 EE.FL

FILING FEES:

S 85.00 Active limited liability company
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