# L21000117268

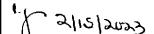
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Special Instructions to	Filing Officer:	
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Office Use Only



### **COVER LETTER**

Registration Section Division of Corporations SUBJECT:\_\_\_ Name of Limited Liability Company DOCUMENT NUMBER: L21000117268 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

## 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

TO:

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

Pursuant to the provisi	ons of section 605.0115, Florida Statutes, the un	idersigned,	
Legaline Corporate Services, INC.		, hereby resigns as	
	Name of Registered Agent		
Registered Agent for	NOWTECHIOI LLC		
·	Name of Limited Liability Company		•
L21000117268			
Document ?	Sumber, if known		
A copy of this resignal	ion was mailed to the above listed limited liabil	ity company at its last known add	ress.
The agency is terminal	Signature of Resigning Age	n!	
If signing on behalf of	an entity:	TAL	7022 NOV 1.5
	Chelsea Chapman	; ;	
	Typed or Printed Name	<del></del>	<u>.</u>
	On Behalf of Legaline Corporate Services, INC	·	<b>D</b> [1]
	Capacity	EE FL	Si D

FILING FEES:

S 85.00
S 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Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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