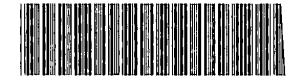
La1000 18851

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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COVER LETTER

CUDICCE		
SUBJECT: Name	of Limited Liability	Company
DOCUMENT NUMBER:		
The enclosed Resignation of Registered Afor filing.	Agent for a Limited	I Liability Company and fee are submitted
Please return all correspondence concerni	ing this matter to t	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@legaline.com		
E-mail address: (to be used for future annua	l report notification)	-
For further information concerning this m	natter, please call:	
Chelsea Chapman	at (386-0178) Daytime Telephone Number
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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	is of section 605.011.	5, Florida Statutes, the un-	dersigned,			
Legaline Corporate Services, INC. Name of Registered Agent		, hereby resigns as	hereby resigns as			
			•			
Registered Agent for W	E TRASH IT FOR	RYOULLC				-
	Name of Lin	nited Liability Company				_·
1_21000118851	mber, if known					
A copy of this resignatio	n was mailed to the a	above listed limited liabili	ty company at its last	known a	ddress.	
The agency is terminated	d and the office disco	ntinued on the 31st day at	ter the date on which	this state	ment i	s tile
	Su	of Malane	a			
		Signature of Resigning Ager	ıt			
If signing on behalf of a	n entity:					
	:	Zachary Mathewson		• •	2022 1 4 1	
	1,	lyped or Printed Name			7	. •
	On Behalf of Legalin	c Corporate Services, INC.			<u></u>	, promest
		Capacity		::: ::::::::::::::::::::::::::::::::::	<u></u>	-
				35E.	PH 12: 15	U
	FILING \$ \$5.00 • \$ 25.00	FEES: Active limited liability Administratively disso withdrawn limited lial	lved/voluntarily diss	구된 solved/	: 15	

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