L21000200813

(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City	/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	Certificate	s of Status
Special Instructions to Filing Officer:		

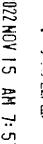
Office Use Only



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TALLT TASSES, FL



COVER LETTER

SUBJECT: Name of Limited Liability	y Company
DOCUMENT NUMBER: L21000200813	
The enclosed Resignation of Registered Agent for a Limite for filing.	d Liability Company and fee are submitted
Please return all correspondence concerning this matter to	he following:
Chelsea Chapman	
Name of Person	_
Legalinc 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

TO: Registration Section

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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provis	ions of section 605.0115, Florida Statutes, the	e undersigned.
Legaline Corporate Services, INC.		, hereby resigns as
	Name of Registered Agent	
Registered Agent for	ALL DISPLAY WAREHOUSE LIMITED LIA	BILITY COMPANY
	Name of Limited Liability Company	,
L21000200813		
Document	Number, if known	
A copy of this resigna	tion was mailed to the above listed limited lia	ability company at its last known address.
The agency is termina	ited and the office discontinued on the 31st da	ay after the date on which this statement is filed.
If signing on behalf o	f an entity:	2 2 80 T
	Chelsea Chapman	
	Typed or Printed Name	NC. 25 A
	On Behalf of Legaline Corporate Services, In	NC. Si 🖹 🚉
	Capacity	7:58 7:58

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

INHS17 (2/14)