L21000205387

(Re	questor's Name)	<u></u>		
(Ad	dress)			
(Ad	dress)			
(Cit	y/State/Zip/Phone	#)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
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SECRETARY OF STATE
TALLAHASSEE, FLORID

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COVER LETTER

TO: Registration Section Division of Corporations

MIGHTY MOVERS & JUNK REMOVAL LLC SUBJECT:	
Name of Limited Liabil	ity Company
DOCUMENT NUMBER: L21000205387	<u> </u>
The enclosed Resignation of Registered Agent for a Limi for filing.	ted Liability Company and fee are submitted
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 cal	l:
Chelsea Chapman 844	386-0178
Name of Person Area Coo	de 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provisions	of section 605.011:	5, Florida Statutes, the unde	rsigned,
Legaline Corporate Services, INC. Name of Registered Agent		_ , hereby resigns as	
	Name of Lim	ited Liability Company	· · · · · · · · · · · · · · · · · · ·
L21000205387			
Document Numb	er, if known		
A copy of this resignation	was mailed to the a	above listed limited liability	company at its last known address.
The agency is terminated a	and the office discor	ntinued on the 31st day afte	r the date on which this statement is filed.
	Muses	Signature of Resigning Agent	N
If signing on behalf of an e	entity:		
C	helsea Chapman		
	T	yped or Printed Name	
On Behalf of Legaline Corporate Services, INC.			
_		Capacity	
	FILING © \$ 85.00 © \$ 25.00	FEES: Active limited liability of Administratively dissolve withdrawn limited liabil	ompany sed/ voluntarily dissolved/ AFTAR stycompany

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

INHS17 (2/14)