L21000246081

(Requestor's Name)		
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(City/State/Zip/Phone #)		
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Certified Copies	_ Certificates	of Status
	5. O.	
Special Instructions to I	Filing Officer:	

Office Use Only



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2024 J.T. -5 MH II: 43

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COVER LETTER

SUBJECT: Name of Limited Liability	y Company
DOCUMENT NUMBER: 1.21000246081	
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 t	the following:
Cory Betts	
Name of Person	_
ZenBusiness Inc.	
Name of Firm/Company	-
336 E. College Ave, Suite 301	
Address	-
Tallahassee, FL 32301	
City/State and Zip Code	-
ra@zenbusiness.com	
E-mail address: (to be used for future annual report notification)	-
For further information concerning this matter, please call:	
Cory Betts 844	493-6249
Name of Person at (at (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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 Division of Corporations

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 provi	isions of section 605.0115, Florida Statutes, the unde	ersigned.
Registered Agents Inc.		, hereby resigns as
	Name of Registered Agent	
Registered Agent for	TXTSTOCKS LLC	
 	Name of Limited Liability Company	
1,21000246081		
Documen	t Number, if known	
A copy of this resign	nation was mailed to the above fisted limited liability	company at its last known address.
The agency is terming	nated and the office discontinued on the 31st day after	er the date on which this statement is filed.
	Javid Signature of Resigning Agent	202
If signing on behalf of an entity:		2024 J
	Registered Agents Inc. by David Roberts	: 2
	Typed or Printed Name	U
	Assistant Secretary	A :
	Capacity	A沿 H: 43

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

Active limited liability company
Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

FILING FEES:

\$ 85.00 \$ 25.00