# LAIII) 248153

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#### **COVER LETTER**

TO:	Registration Section Division of Corporations		
SHR	TICA SWEET AND DELICATE CLEAN	ING SERVIC	ELLC
5000	Name of Lim	ited Liability	Company
DOC	UMENT NUMBER: 1.21000248153		
The e	nclosed Resignation of Registered Agent fing.	or a Limited	Liability Company and fee are submitted
Please	return all correspondence concerning this	matter to th	ne following:
Chelse	a Chapman		
	Name of Person		
Legali	nc Corporate Services, INC.		
	Name of Firm/Company	<del></del>	
10601	Clarence Dr Ste 250		
	Address		
Frisco	TX 75033-3867		
	City/State and Zip Code		
ra@le	aline.com		
E	-mail address: (to be used for future annual report	notification)	
For fu	rther information concerning this matter, p	olease call:	
Chelso	a Chapman at	844 (	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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

### **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 provisions of	section 605.011	5, Florida Statutes, the under	signed,
Legaline Corporate Services, I	INC.		, hereby resigns as
Nan	ne of Registered Age		
Registered Agent for TICA S	SWEET AND DE	ELICATE CLEANING SERVIC	DE LLC
	Name of Lin	nited Liability Company	,
L21000248153			
Document Number	, if known		
A copy of this resignation wa	as mailed to the	above listed limited liability	company at its last known address.
The agency is terminated and	d the office disco	ontinued on the 31st day after	the date on which this statement is filed.
	Mell	Signature of Resigning Agent	Man
If signing on behalf of an ent	tity:	,	e3
Che	elsea Chapman		
	T	Typed or Printed Name	
On	Behalf of Legalin	ne Corporate Services, INC.	
		Capacity	
	FILING  S 85.00  S 25.00	FEES: Active limited liability co Administratively dissolve withdrawn limited liabili	mpany d/ voluntarily dissolved/ ty company

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