L24000 259111

(Re	equestor's Name)	
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COVER LETTER

SUBJECT: Name of Limited Liabili	ty Company
DOCUMENT NUMBER: L21000259111	
The enclosed Resignation of Registered Agent for a Limit for filing.	ed Liability Company and fee are submitte
Please return all correspondence concerning this matter to	the following:
Chelsca 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@legaline.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call	:
Chelsea Chapman 844	386-0178
Name of Person at (at (e 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

INHS17 (2/14)

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisi	ions of section 605.0115, Florida Statutes, the un	ndersigned,
Legaline Corporate Services, INC.		, hereby resigns as
	Name of Registered Agent	
Registered Agent for	INFINITUDE WEALTH LLC	
	Name of Limited Liability Company	,
L21000259111		
Document I	Number, if known	
	tion was mailed to the above listed limited liabil ted and the office discontinued on the 31st day a Signature of Resigning Age	after the date on which this statement is f
If signing on behalf of	an entity:	922
	Chelsea Chapman	
	Typed or Printed Name	
	On Behalf of Legaline Corporate Services, INC	
	Capacity	OF STATE

Make checks payable to Florida Department of State and mail to: Division of Corporations

FILING FEES:

© \$85.00 Active limited liability company
O \$25.00 Administratively dissolved/voluntarily dissolved/withdrawn limited liability company

P.O. Box 6327 Tallahassee, FL 32314

INHS17 (2/14)