L21000269757

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phono	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		

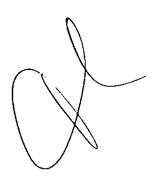
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:				
N	ame of Limited Liability	Company		
DOCUMENT NUMBER: L21000269	9757		 -	
The enclosed Resignation of Registe for filing.	red Agent for a Limited	d Liability Company and	d fee are submitted	
Please return all correspondence con-	cerning this matter to the	he following:		
Chelsea Chapman				
Name of Persor	1	-		
Legaline Corporate Services, INC.				
Name of Firm/Com	pany	-		
10601 Clarence Dr Ste 250				
Address		-	. 2 1	
Frisco, TX 75033-3867			2022 NOV 15	
City/State and Zip C	Code	-	10 V	7
ra@legalinc.com			So Tile	3
E-mail address: (to be used for future a	nnual report notification)	-		
For further information concerning the	nis matter, please call:		AM 10: 56 UF STATE SEE, FL	
Chelsea Chapman	844 at (386-0178	. ⊒. 99	
Name of Person	Area Code	Daytime Telephone Nu	mber	

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provision	ons of section 605.0115, Flor	da Statutes, the undersigned,		
Legaline Corporate Services, INC.		, hereby resigns as	hereby resigns as	
	Name of Registered Agent	,,,,		
Registered Agent for A	NDERSON SUPERIOR LLC			
	Name of Limited Lia	bility Company		
L21000269757				
Document No	umber, if known			
		sted limited liability company at its last known address.		
The agency is terminate	Oursen	I on the 31st day after the date on which this statement is	mea.	
If signing on behalf of a	nn entity:	ure of Resigning Agent		
	Chelsea Chapman			
	On Behalf of Legaline Corpo	Printed Name rate Services, INC.		
	Сара	city		

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 O \$ 25.00

SEE FL

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