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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Name of Limited	Liability Company
DOCUMENT NUMBER: L21000273257	
The enclosed Resignation of Registered Agent for a for filing.	Limited Liability Company and fee are submitted
Please return all correspondence concerning this ma	itter 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 noti	ication)
For further information concerning this matter, plea	se call:
Chelsca Chapman 84	386-0178
	ea Code Daytime Telephone Number
Enclosed is a check made payable to the Florida De liability company or \$25.00 for an administratively limited liability company.	partment of State for \$85.00 for an active limited dissolved, voluntarily dissolved or withdrawn
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 provisio	ns of section 605.011	5, Florida St	ntutes, the undersigned,			
Legaline Corporate Services, INC.		, hereby resigns as				
	Name of Registered Age		, (11110) (100 g.u. u.			
Registered Agent for SI	LOWLOWEBBQ LLC					
	Name of Lim	nited Liability (Company			
1.21000273257						
Document Nu	ımber, if known					
A copy of this resignation	on was mailed to the a	above listed I	imited liability company at its last)	cnown ad	dress.	
The agency is terminate	d and the office disco	Signature of	Le 31st day after the date on which the state of which the state of th	his staten		filed.
If signing on behalf of a	n entity:				2022 NOV 14	
	Chelsea Chapman				NOV.	
	T On Behalf of Legalin	yped or Printed c Corporate S		An ASS	7	(Table
	- On Delan of Deganis	Capacity		<u>ن</u> :	A	
	FILING © \$ 85.00 O \$ 25.00	Active lim Administra	ited liability company hively dissolved/ voluntarily disso i limited liability company	STATE STATE	AM 7: 14	
	Make checks payah	Division of C P.O. B	Department of State and mail to: Corporations ox 6327 , FI. 32314			

INHS17 (2/14)