21000289542

(Requestor's Name)
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(120,225)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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COVER LETTER .

TO: Registration Section Division of Corporations

COURAGEOUSLY FIGHTING LLC SUBJECT:		
Name of	Limited Liability	Company
DOCUMENT NUMBER: L21000289542		
The enclosed Resignation of Registered Age for filing.	ent for a Limited	Liability Company and fee are submitted
Please return all correspondence concerning	this matter to th	ne following:
Chelsea Chapman		
Name of Person	·	
Legaline Corporate Services, INC.	1	
Name of Firm/Company	<u> </u>	
10601 Clarence Dr Ste 250		
Address	1	
Frisco, TX 75033-3867		
City/State and Zip Code	1	
ra@legaline.com	,	
E-mail address: (to be used for future annual re	port notification)	
For further information concerning this matt	eri please call:	
Chelsea Chapman	844 at (386-0178
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

INHS17 (2/14)

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	as of section 605.0115	Florida Statutes, the unde	rsigned,
Legaline Corporate Service	es, INC.	1	, hereby resigns as
	Name of Registered Agen		, necessities as
Registered Agent for CO	OURAGEOUSLY FIGH	ITING LLC	
-			
	Name of Limi	ted Liability Company	
L21000289542			
Document Nu	mber, if known	- i	
A copy of this resignatio	n was mailed to the al	bove listed limited liability	company at its last known address.
If signing on behalf of ar	n entity: Chelsea Chapman	Signature of Resigning Agent	1022 17
	Ту	ped or Printed Name	
	On Behalf of Legaline	Corporate Services, INC.	
	FILING I O \$ 85.00 O \$ 25.00	Capacity FEES: Active limited liability co Administratively dissolve withdrawn limited liabili	ompany ed/voluntarily dissolved/ty company
	Make checks payabl	le to Florida Department of S	State and mail to:

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

INHS17 (2/14)