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| (Requestor's Name)                      |
|---|
|   |
| (Address)                               |
| ·                                       |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| (Oity/State/Lip/r Hone #)               |
| PICK-UP WAIT MAIL                       |
|   |
| (Business Entity Name)                  |
|   |
| (Document Number)                       |
|   |
| Certified Copies Certificates of Status |
|   |
| Special Instructions to Filing Officer: |
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Office Use Only



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#### **COVER LETTER**

| SUBJECT: Nar                                       | ne of Limited Liabili    | ty Company                                 |
|--|--------------------------|--|
|  |                          | ty Company                                 |
| DOCUMENT NUMBER: L2100031518                       |                          |  |
| The enclosed Resignation of Registered for filing. | d Agent for a Limit      | ed Liability Company and fee are submitted |
| Please return all correspondence concer            | ming this matter to      | the following:                             |
| Chelsea Chapman                                    |                          |  |
| Name of Person                                     |                          | _  |
| Legaline Corporate Services, INC.                  |                          |  |
| Name of Firm/Compa                                 | ny                       | _  |
| 10601 Clarence Dr Ste 250                          |                          |  |
| Address  |                          | _  |
| Frisco, TX 75033-3867                              |                          |  |
| City/State and Zip Coo                             | de                       | _  |
| ra@legalinc.com                                    |                          |  |
| E-mail address: (to be used for future ann         | ual report notification) | _  |
| For further information concerning this            | matter, please call:     |  |
| Chelsea Chapman                                    | 844<br>at (              | 386-0178<br>Daytime Telephone Number       |
| Name of Person                                     | Area Cod                 | 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)

TO:

Registration Section Division of Corporations

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

| Pursuant to the provisions of section 605.0115 | 5, Florida Statutes, the undersigned,   |                  |                       |              |
|--|---|------------------|-----------------------|--------------|
| Legaline Corporate Services, INC.              | , hereby resigns as   |                  |                       |              |
| Name of Registered Agen                        | nt  |                  |                       |              |
| Registered Agent forREYNALDO CHANDLE           | ER LLC  |                  | _                     |              |
|  |   |                  | ,                     |              |
| Name of Limi                                   | ited Liability Company  |                  |                       |              |
| L21000315183                                   |   |                  |                       |              |
| Document Number, if known                      | <del>_</del>  |                  |                       |              |
| A copy of this resignation was mailed to the a | bove listed limited liability company at its last know  | vn addre:        | SS.                   |              |
| The agency is terminated and the office discor | ntinued on the 31st day after the date on which this sometimes of Resigning Agent   | statemen         | t is file             | d.           |
| If signing on behalf of an entity:             |   |                  |                       |              |
| Chelsea Chapman                                |   |                  | 202                   |              |
| ·  | Typed or Printed Name On Behalf of Legaline Corporate Services, INC.  |                  |                       | ,            |
|  | Capacity  | ادارا<br>التركيم | <del>_</del> _        | ; <b>2</b> 3 |
| © \$ 85.00<br>© \$ 25.00                       | FEES:  Active limited liability company Administratively dissolved/ voluntarily dissolved withdrawn limited liability company | SSEE, FL         | 2022 HOV 14 PH 12: 13 |              |

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