1000320449

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

Office Use Only



200397484372

EIVE

NOV 1 0 2022

ESTATE AM 8: 24

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Name of Limited Liability	Company
DOCUMENT NUMBER: L21000320449	
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	ne 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@legaline.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisi	ons of section 605.0115,	Florida Statutes, the und	ersigned,		
Legaline Corporate Services, INC. Name of Registered Agent		, hereby resigns as			
			_ , , ,		
Registered Agent for _	TUFF LINKS RECORDS I	LLC			
	Name of Limite	d Liability Company		 ·	
L21000320449					
Document ?	Number, if known	_			
A copy of this resignal	tion was mailed to the abo	ove listed limited liability	company at its last known	address.	
The agency is terminal	ted and the office disconti	inued on the 31st day after	er the date on which this sta	atement is fi	led.
	Chusea!	MONTH OF Resigning Agent			
If signing on behalf of				. 12	
	Chelsea Chapman		:	22	٠٠:
	Турк	ed or Printed Name		_ ~	
	On Behalf of Legaline C	Corporate Services, INC.		7000	i
		Capacity		宗 圣	TI
	FILING FI © \$ 85.00 © \$ 25.00	EES: Active limited liability of Administratively dissolv withdrawn limited liabi	company red/ voluntarily dissolved/	V 10 AM 8: 24	

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