L21000332529

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAI	L
(Business Entity Name)	
(Document Number)	<u> </u>
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COVER LETTER

SUBJECT: Name of Limited Liability	Company
DOCUMENT NUMBER: L21000332529	
The enclosed Resignation of Registered Agent for a Limited for filing.	d Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	he 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	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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

TO: Registration Section Division of Corporations

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 provisions of section 605.0115	, Florida Statutes, the undersigned.
Legaline Corporate Services, INC.	, hereby resigns as
Name of Registered Agen	1
Registered Agent for BLACSTAR VENTURES	SILC
Name of Limi	ted Liability Company
L21000332529	
Document Number, if known	
A copy of this resignation was mailed to the al	bove listed limited liability company at its last known address.
The agency is terminated and the office discor	ntinued on the 31st day after the date on which this statement is filed.
_	Signature of Resigning Agent
If signing on behalf of an entity:	
Chelsea Chapman	
Ту	rped or Printed Name
On Behalf of Legaline	Corporate Services, INC.
	Capacity
FILING I \$ 85.00 \$ 25.00	

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