L210003617145

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT ☐ MAIL				
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates of Status				
Special Instructions to Filing Officer:					

Office Use Only



900395091969

900395091969 11/14/22--01011--001 **2900.00

of 2/8/2023

COVER LETTER

Division of Corporations		·
SUBJECT: <u>PLUS ONE SERVICES AND</u> Name o	OVENDING LLC of Limited Liability	Company
DOCUMENT NUMBER: <u>1.2100036774</u> ;	5	
The enclosed Resignation of Registered A for filing.	gent for a Limited	Liability Company and fee are submitted
Please return all correspondence concerni	ng this matter to th	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 ma	atter, 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

TQ: Registration Section

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 provision	is of section 605.0115, Florida (Statutes, the undersigned,		
Legaline Corporate Services, INC. Name of Registered Agent		hereby r	. hereby resigns as	
		, , ,		
Registered Agent for Pl	LUS ONE SERVICES AND	VENDING LLC		
	Name of Limited Liabilit	y Company	,	
1.21000367745 Document Nu	mber, if known			
A copy of this resignation	on was mailed to the above listed	I limited liability company a	n its last known address.	
The agency is terminated	d and the office discontinued on	the 31st day after the date o	on which this statement is filed.	
If signing on behalf of a		of Resigning Agent	2022 NOV 14 SECKTALL/19AS	
	Typed or Prin	ted Name		
	On Behalf of Legaline Corporate	e Services, INC.		
	Capacity		7: 2: 7: 2: 2: 2: 2: 2: 2: 2: 2: 2: 2: 2: 2: 2:	

FILING FEES:

S 85.00 Active limited liability company
Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

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