# L21000397300

| (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



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## **COVER LETTER**

TO: Registration Section Division of Corporations

| SUBJECT: FRANKS PROVISIONS LLC Name of Limited Liability               | Company                                 |
|--|---|
| isame of familied fatothey   | Company                                 |
| DOCUMENT NUMBER: <u>1.21000397300</u>                                  |   |
| 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@legalinc.com  |   |
| E-mail address: (to be used for future annual report notification)     |   |
| For further information concerning this matter, please call:           |   |
| Chelsea Chapman 844<br>at (  | 386-0178<br>)                           |
| 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provision    | is of section 605.0115, Florida Statutes, the ur | ndersigned.                           |               |
|------------------------------|--|---------------------------------------|---------------|
| Legaline Corporate Servi     | ces. INC.  | , hereby resigns as                   |               |
|                              | Name of Registered Agent                         |                                       |               |
| Registered Agent for FI      | RANKS PROVISIONS LLC                             |                                       | _             |
|                              | Name of Limited Liability Company                | <u> </u>                              | <del></del> - |
| 1.21000397300<br>Document Nu | mber, if known                                   |                                       |               |
| A copy of this resignation   | on was mailed to the above listed limited liabil | ity company at its last known address | i <u>.</u>    |
| The agency is terminated     | d and the office discontinued on the 31st day a  | fter the date on which this statement | is filed.     |
|                              | Sul Math   | 5                                     |               |
|                              | Signature of Resigning Age                       |                                       |               |
| If signing on behalf of a    | n entity:  | 2022 NOV 14<br>SECALLAHA<br>TALLAHA   | 122           |
|                              | Zachary Mathewson                                | الله V0                               | T             |
|                              | Typed or Printed Name                            |                                       | 3             |
|                              | On Behalf of Legaline Corporate Services, INC    | ·                                     |               |
|                              | Capacity   | E.FL                                  | J             |

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

FILING FEES:

\$ 85.00 Active limited liability company

\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

INHS17 (2/14)