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COVER LETTER

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SUBJECT: PALLET RESOURCE PLI Nam	ie of Limited Liability	Company
DOCUMENT NUMBER: 1.210004113	854	
The enclosed Resignation of Registered for filing.	Agent for a Limited	Hiability Company and fee are submitted
Please return all correspondence concer	ning this matter to th	ne following:
Chelsea Chapman		
Name of Person		-
Legaline Corporate Services, INC.		
Name of Firm/Compan	<u>y</u>	-
10601 Clarence Dr Ste 250		
Address		-
Frisco, TX 75033-3867		
City/State and Zip Cod	e	-
ra@legalinc.com		
E-mail address: (to be used for future annu	al 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Registration Section Division of Corporations

TO:

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 unc	lersigned.			
Legaline Corporate Services, INC.		, hereby resigns as	hereby resigns as			
Name of Registered Agent						
Registered Agent for _	PALLET RESOURCE	E PLUS LLC				
	Name of Limi	ted Liability Company				
1.21000411854						
Document l	Number, if known					
A copy of this resignat	ion was mailed to the ab	ove listed limited liabilit	y company at its last k	:nown ade	dress.	
The agency is terminate	ted and the office discon	tinued on the 31st day aft Machine of Resigning Agen	}	his staten	nent is t	filed.
If signing on behalf of	an entity:			- (5) -1(1)	20:	
	Z	achary Mathewson		ΑLI	1 I AON 2202	(उस्कृति
		ped or Printed Name			VΩ	2 E
	On Behalf of Legaline	Corporate Services, INC.		iàs I		[
	FILING I	Capacity FEES: Active limited liability Administratively dissol withdrawn limited liab	ved/voluntarily disso	JE STATE SEE, FL	PH 4: 09	

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