

L21000 438 125

(Re	equestor's Name)			
(Ad	ldress)			
(Ad	dress)			
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	WAIT	MAIL		
(Bu	siness Entity Nan	ne)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				

Office Use Only



900431388349

D6/14/24--01011--028 ++25.00

THE TANK THE TANK

19 H M I T PM 1: .

COVER LETTER

TO:	Registration Section Division of Corporations
	Division of Corporations
SUBJ	ECT: E Chaves Solutions LLC
	Name of Limited Liability Company
DOC	JMENT NUMBER: L21000438125
The enfor fill	iclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted ng.
Please	return all correspondence concerning this matter to the following:
Unite	d States Corporation Agents, Inc.
	Name of Person
Legal	zoom.com, Inc.
	Name of Firm/Company
9900	Spectrum Dr.
	Address
Austii	n, TX 78717
	City/State and Zip Code
rares	gnations@legalzoom.com
E-	mail address: (to be used for future annual report notification)
For fu	ther information concerning this matter, please call:
	at () 773-0888
	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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provis	sions of section 605.01	15, Florida Statutes, the und	lersigned,		
United States Cor	_ , hereby resigns as				
Name of Registered Agent . nere			_ , hereby resigns as		
Registered Agent for	E Chaves Solution	ns LLC			_
	Name of Li	mited Liability Company			 ·
L21000438125					
Document l	Number, if known				
A copy of this resignar	tion was mailed to the	above listed limited liability	/ company at its last knowi	addres	s
The agency is termina	ted and the office disci	ontinued on the 31st day after	er the date on which this st	atement	is filed
	E	ik Treutlein			
		Signature of Resigning Agent			
If signing on behalf of	an entity:				
	Erik Treutlein				
		Typed or Printed Name			
	Vice President for U	Jnited States Corporation Ac	gents, Inc.		
		Capacity			
			ှင့်	203	
			250	ر آ	
	FILING \$ 85.00 \$ 25.00	Active limited liability co	ed/ voluntarily dissolved/	9024 JUN 4 PM :	FILED
	Make checks payal	ole to Florida Department of Division of Corporations P.O. Box 6327	State and mail to:	: 36	

Tallahassee, FL 32314