

L21000440852

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

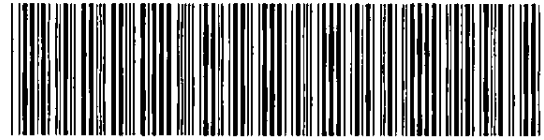
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE
OCT 31 2024

Office Use Only



100437778781

10/15/24--01013--012 **25.00

2024 OCT 15 PM 3:59
11:20

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CHAMELONSHIP LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L21000440852

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

SUMMER BLAKE

Name of Person

QWNTM SERVICES LLC

Name of Firm/Company

202 NW 135 WAY UNIT 108

Address

PLANTATION, FL 33325

City/State and Zip Code

INFO@QWNTMSERVICESLLC.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SUMMER BLAKE

Name of Person

at (307) 275-7806
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provisions of section 605.0115, Florida Statutes, the undersigned,

QWNTM SERVICES LLC

, hereby resigns as

Name of Registered Agent

Registered Agent for CHAMELONSHIP LLC

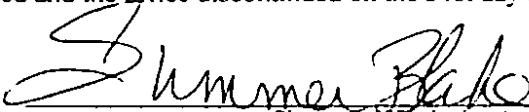
Name of Limited Liability Company

L21000440852

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.


Signature of Resigning Agent

If signing on behalf of an entity:

SUMMER BLAKE

Typed or Printed Name

MANAGER OF QWNTM SERVICES LLC

Capacity

FILING FEES:

\$ 85.00 Active limited liability company
\$ 25.00 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