LA1000442033

(Requestor's Name)				
(Address)				
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SECRETARY OF THE OP

COVER LETTER

SUBJECT: <u>FUCHSIA LAND L</u>	Name of Limited Li	ability Company	
DOCUMENT NUMBER: 1.210	00442033		
The enclosed Resignation of Reg for filing.	istered Agent for a Li	imited Liability Company an	nd fee are submitted
Please return all correspondence	concerning this matte	er to the following:	
Chelsea Chapman			
Name of Pe	rson		
Legaline Corporate Services, INC.			
Name of Firm/C	Company		
10601 Clarence Dr Ste 250			
Address	;		
Frisco, TX 75033-3867			
City/State and 2	Lip Code		
ra@legalinc.com			
E-mail address: (to be used for fut	ure annual report notificat	ion)	
For further information concerning	ng this matter, please	call:	
Chelsea Chapman	at (386-0178)	
Name of Person	Area	Code Daytime Telephone No	umber

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

INHS17 (2/14)