

# L21000449939

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

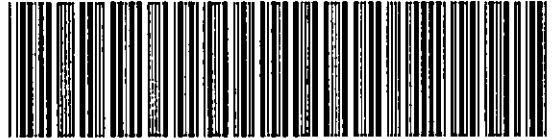
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

A. RIVERS

FEB 15 2023



300398246663

11:25:33-- 10/14/04 444-01

FILED  
2022 NOV 29 AM 13:45  
11:25:33-- 10/14/04 444-01

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

IA

**SUBJECT:** SLAY'D X SHAI LLC

\_\_\_\_\_  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L21000449939

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:

MARIAH ESTERS-RIMMER

\_\_\_\_\_  
Name of Person

LegalCorp Solutions, LLC

\_\_\_\_\_  
Name of Firm/Company

3 Greenway Plaza Ste 1320

\_\_\_\_\_  
Address

Houston, TX 77046

\_\_\_\_\_  
City/State and Zip Code

sharondawest97@yahoo.com

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

For further information concerning this matter, please call:

MARIAH EXTTERS-RIMMER

at ( 888 ) 534-3018

\_\_\_\_\_  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provisions of section 605.0115, Florida Statutes, the undersigned,

LEGALCORP SOLUTIONS, LLC

, hereby resigns as

Name of Registered Agent

Registered Agent for Slay'd X Shai LLC

Name of Limited Liability Company

L21000449939

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:

Travis Crabtree

Typed or Printed Name

Member

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

2022 NOV 29 AM 10:45

FILED