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SEGRELLINGS SEE, FL

(2/10/2023

COVER LETTER

SUBJECT: EXOSPHERE HOMES LLC Name of Limited Liability	Company
DOCUMENT NUMBER: L21000458260	
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	e following:
Chelsea Chapman	
Name of Person	
Legaline Corporate Services, INC.	
Name of Firm/Company	
10601 Clarence Dr Ste 250	
Address	
Frisco, TX 75033-3867	
City/State and Zip Code	
ra@legaline.com	
E-mail address: (to be used for future annual 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Registration Section Division of Corporations

ŢO:

Tallahassee, FL 32314

Street Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

1NHS17 (2/14)

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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Pursuant to the provisions	of section 605.0115, Florida Statut	es, the undersigned.			
Legaline Corporate Service	s. INC.	, hereby resigns as	s		
	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,			
Registered Agent for <u>EX</u>	OSPHERE HOMES LLC				-
	Name of Limited Liability Com	pany			.•
1.21000458260 Document Number	ber, if known				
	was mailed to the above listed limit	ed liability company at its last	known ad	ldress.	
The agency is terminated a	and the office discontinued on the 3	1st day after the date on which	this stater	nent is	filed.
_	Back.	Maly			
	Signature of Resi	gning Agent	က္	20	
If signing on behalf of an o	entity:		₹	2022 NOV 1 L	
	Zachary Mathews	on	,	VO V	E E
_	Typed or Printed Na	ne	KHASSI	<u></u>	Em.
(On Behalf of Legalinc Corporate Serv	ices, INC.	<u> </u>		T
_	Capacity		光が発	AM 7: 2	1

FILING FEES:

 \$85.00 Active limited liability company
 \$25.00 Administratively dissolved/ withdrawn limited liability company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