# La1000466495

| (Deminated Alexa)                       |
|---|
| (Requestor's Name)                      |
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| (Address)                               |
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| (Address)                               |
| ,                                       |
| (City/State/Zip/Phone #)                |
| (City/State/Zip/Filofie #)              |
| PICK-UP WAIT MAIL                       |
|   |
| (Business Entity Name)                  |
|   |
| (Document Number)                       |
|   |
| Certified Copies Certificates of Status |
|   |
| Special Instructions to Filing Officer: |
| opesion mediacione to 1 ming officer.   |
|   |
| J. HORNE                                |
| FEB - 9 2023                            |
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|   |

Office Use Only



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### **COVER LETTER**

| SUBJECT: <u>RED DOVE INVESTMENTS LLC</u><br>Name of Limi       | ted Liability | Company                              |
|--|---------------|--------------------------------------|
| DOCUMENT NUMBER: 1.21000466495                                 |               |                                      |
| The enclosed Resignation of Registered Agent fo<br>for filing. | or a Limited  | Liability Company and fee are submit |
| Please return all correspondence concerning this               | matter to th  | ne 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@legalinc.com  |               |                                      |
| E-mail address: (to be used for future annual report no        | otification)  |                                      |
| For further information concerning this matter, p              | lease call:   |                                      |
| Chelsea Chapman  | 844           | 386-0178                             |
| at (   | 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:

TO: Registration Section Division of Corporations

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 provision     | ns of section 605.0115, Florida Statutes, th   | ne undersigned, hereby resigns as      | 2022 NOV 14 PM 12: 3 |
|-------------------------------|--|--|----------------------|
|                               | Name of Registered Agent   |  | 153                  |
| Registered Agent for <u>R</u> | <br>ယ  |  |                      |
|                               |  |  |                      |
|                               | Name of Limited Liability Company  |  | ·                    |
| A copy of this resignation    | on was mailed to the above listed limited lind and the office discontinued on the 31st d |  |                      |
|                               | Signature of Resigning   | g Agent                                |                      |
| If signing on behalf of a     | n entîty:  |  |                      |
|                               | Zachary Mathewson  |  |                      |
|                               | Typed or Printed Name  | ************************************** |                      |
|                               | On Behalf of Legaline Corporate Services.  | INC.                                   |                      |
|                               | Capacity   |  |                      |

FILING FEES:

S \$5.00
Active limited liability company
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