# .- CADUL 75500

(R	Requestor's Name)				
Ä)	Address)				
(A	Address)				
(C	City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL			
(E	Business Entity Name)				
(Document Number)					
Certified Copies	Certificates of	Status			
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72/10/2023

## **COVER LETTER**

ì	Name of Limited I	Liability	Company
DOCUMENT NUMBER: <u>1.210004</u>	75500		
The enclosed Resignation of Registe for filing.	red Agent for a l	Limited	Liability Company and fee are submitted
Please return all correspondence con	cerning this mat	iter to th	e following:
Chelsea Chapman			
Name of Person	1		
Legaline Corporate Services, INC.			
Name of Firm/Com	pany		
10601 Clarence Dr Ste 250			
Address		<del>.</del>	
Frisco, TX 75033-3867			
City/State and Zip	Code		
ra@legalinc.com			
E-mail address: (to be used for future	annual report notific	cation)	•
For further information concerning t	his matter, pleas	se call:	
Chelsea Chapman	at (		386-0178 ) Daytime Telephony Number
Name of Person	Λr	ea 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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

# STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions	of section 605.0115, Flor	ida Statutes, the und	dersigned,			
Legaline Corporate Service	ervices, INC, hereby resigns as					
Registered Agent for WA	LLPAPERS AND MC	DRE LLC				_
	Name of Limited Li	ability Company	<u> </u>			<b>_</b> ,
1.21000475500 Document Number	er, if known					
A copy of this resignation	was mailed to the above l	isted limited liabilit	y company at its last!	known a	ıddress	
The agency is terminated a	and the office discontinue	d on the 31st day afi	ter the date on which	this state	ement i	is filed
-		Med Med	5	S	2(	
If signing on behalf of an e		iture or resigning Agen	·	TALL	7 I AON 2202	<u> </u>
	Zachar	y Mathewson		125	<u>_</u>	
_	• •	Printed Name	<del></del>	S.		
<u>(</u>	On Behalf of Legalinc Corp	<del></del>		ιμ <sup>ο.</sup> ω.	I	
	Сар	pacity		FL	AM 7: 35	

FILING FEES:

• \$5.00 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