

L21000488519

(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:

J. HORNE
FEB - 9 2023

Office Use Only



00039762729C

00039762729C
11/14/22--01011--001 **2

2022 NOV 14 PM 12:15
SECRETARY
FALL 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CARTLEO LLC

Name of Limited Liability Company

DOCUMENT NUMBER: 1.21000488519

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:

Chelsea Chapman

Name of Person

Legaline Corporate Services, INC.

Name of Firm/Company

10601 Clarence Dr Ste 250

Address

Prisco, 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

Name of Person

at (

844

Area Code

386-0178

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Legaline Corporate Services, INC.

, hereby resigns as

Name of Registered Agent

Registered Agent for CARTLEO LLC

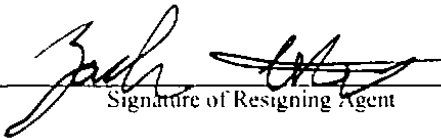
Name of Limited Liability Company

121000488519

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:

Zachary Mathewson

Typed or Printed Name

On Behalf of Legaline Corporate Services, INC.

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 14 PM 12:16
SECRETARY OF
TALLAHASSEE