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(((H23000065578 3)))



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To:

Division of Corporations

Incorporating Servic

Fax Number : (850)617-6383

From:

Account Name : INCORPORATING SERVICES, LTD.

Account Number : 120050000052 Phone : (850)656-7956 Fax Number : (850)656-7953

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

LLC REGISTERED AGENT RESIGNATION GLENFIELD LLC

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T. LEMIEUX MAR 2 8 2023 TO:

Registration Section

H230000655783

COVER LETTER

Division of Corporations SUBJECT:_ Name of Limited Liability Company DOCUMENT NUMBER: L21000506367 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: Westley Look Name of Person Incorporating Services, Ltd. Name of Firm/Company 3500 S DuPont Highway Address Dover, DE 19901 City/State and Zip Code wlook@incserv.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Name of Person

Westley, Look

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

INHS17 (2/14)

Ha30000655783

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, F	lorida Statutes, the undersigned,
Incorporating Services, Ltd.	, hereby resigns as
Name of Registered Agent	
Registered Agent for GLENFIELD LLC	
Name of Limited	Liability Company
L21000506367	
Document Number, if known	-
The agency is terminated and the office disconting	nued on the 31st day after the date on which this statement is filed.
If signing on behalf of an entity:	4.3 4.3
Amand	da Archambault
Турс	da Archambault di or Printed Name tant Secretary
-,	
FILING FE \$ 85.00 / \$ 25.00 /	Capacity CES: Active limited liability company Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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