

L21000S30507

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

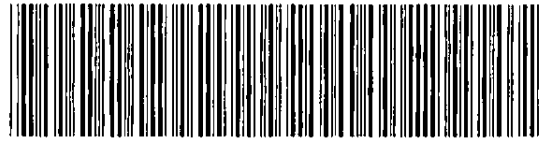
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

REVIEWS
AUG 10 2023

Office Use Only



900410817969

06/21/23--01025--023 **160.00

FILED
SECRETARY OF STATE
OFFICE OF CORPORATIONS
2023 JUN 21 PM 2:51

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 3019S LLC
Name of Limited Liability Company

DOCUMENT NUMBER: 1.21000530507

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:

BRITTNEY FULGHUM
Name of Person

LEGALCORP SOLUTIONS, LLC
Name of Firm/Company

3 GREENWAY PLAZA STE #1320
Address

HOUSTON, TX 77046
City/State and Zip Code

kashife@live.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BRITTNEY FULGHUM at (888) 534-3018
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
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,

LEGALCORP SOLUTIONS, LLC

, hereby resigns as

Name of Registered Agent

Registered Agent for 3019S LLC

Name of Limited Liability Company

L21000530507

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:

TRAVIS CRABTREE

Typed or Printed Name

MEMBER

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

INHS17 (2/14)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2023 JUN 21 PM 2:51