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## **COVER LETTER**

THOUGHTFUL GOODS LLC	
SUBJECT:  Name of Limited Liability	Company
DOCUMENT NUMBER: L22000047225	
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	e 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 notification)	
For further information concerning this matter, please call:	
Chelsea Chapman at (844  Name of Person 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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

INHS17 (2/14)

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

Pursuant to the pro	visions of section 605.0115, Florida Statutes, the	undersigned,	
Legaline Corporate	Services, INC.	, hereby resigns as	
	Name of Registered Agent	(	
Registered Agent for	THOUGHTFUL GOODS LLC		_
	Name of Limited Liability Company		_,
L22000047225			
Docume	ent Number, if known		
A copy of this resig	nation was mailed to the above listed limited lial	bility company at its last known address	
The agency is term	inated and the office discontinued on the 31st day  MULLA COUNTY  Signature of Resigning A	4.04.0	is filed.
If signing on behalf	of an entity:	۱۹ مسلم المسلم حوالا سو	و-ورامهم مصروع
	Chelsea Chapman		<b>የ</b> ጎኘ
	Typed or Printed Name		
	On Behalf of Legaline Corporate Services, IN	ic.	ض ص
	Capacity	PA'	បា

FILING FEES:
\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company © \$ 85.00 O \$ 25.00

Make checks payable to Florida Department of State and mail to: **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314