# 122000097733

(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:  MAR 1 5 7027		

Office Use Only



200401245782



2023 HAR 13 AM11: 03

Ra Risignation

MAY 2 5 2023

**D CUSHING** 

### **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT:  Another Legend Creation LLC  Name of Limited Liability	ty Company
DOCUMENT NUMBER: L22000097733	
The enclosed Resignation of Registered Agent for a Limit for filing.	ed Liability Company and fee are submitted
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	_
anotherlegendcreation@gmail.com	2023 KAR 13
E-mail address: (to be used for future annual report notification	
For further information concerning this matter, please call	: [ <del>[ ]</del>
Brittney Fulghum at (	534-3018 Fig. 17 Fig.
Name of Person Area Coc	ie Daytime Letephone Number, g

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

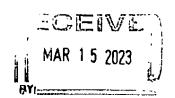
### **Mailing Address:**

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

INHS17 (2/14)



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

Pursuant to the prov	isions of section 605.0115, Florida Statutes, the un	ndersigned,	
LegalCorp Solutions, LLC  Name of Registered Agent		hereby resigns as	
	Name of Limited Liability Company	<del>,</del>	
L22000097733			
Documen	nt Number, if known		
A copy of this resign	nation was mailed to the above listed limited liabil	lity company at its last known address.	
The agency is termin	nated and the office discontinued on the 31st day a	after the date on which this statement is filed.	
	Signature of Resigning Ago		
If signing on behalf	of an entity:	2023 HAR 13 SECRETAR	
	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