L22000200362

(Requestor's Name)	
(Address)	
(Address)	
(Addiess)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MA	IL
(Business Entity Name)	
,	
(Document Number)	
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Certified Copies Certificates of Status	
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COVER LETTER

Name of Limited Li	ability Company
DOCUMENT NUMBER: 1.22000200362	
The enclosed Resignation of Registered Agent for a L for filing.	imited Liability Company and fee are submitte
Please return all correspondence concerning this matter	er to the following:
Travis Crabtree	
Name of Person	
LEGALCORP SOLUTIONS, LLC	
Name of Firm/Company	
3 Greenway Plaza #1320	
Address	
Houston, TX 77046	
City/State and Zip Code	
stevep91581@gmail.com	
E-mail address: (to be used for future annual report notifica	ition)
For further information concerning this matter, please	call:
LegalCorp Solutions, LLC 888 at (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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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)

\$ 95:00

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

LegalCorp Solutions, L	LC	, hereby resigns as
	Name of Registered Agent	
Registered Agent for	PICKIIII WASHERS LLC	
	Name of Limited Liability Compa	iny
L22000200362		
Document	Number, if known	
		ed liability company at its last known address. st day after the date on which this statement is filed
	Signature of Resign	ning Agent S
If signing on behalf of		023 SE
If signing on behalf of		023 SE
If signing on behalf of	an entity:	FILE 023 SEP 22 SECRETARY (
If signing on behalf of	an entity: Travis Crabtree	F1L 023 SEP 23 SECRETAR

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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