L22000430217

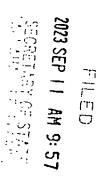
(Requestor's Name)					
(Address)					
(Add	tress)				
(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates	of Status			
Special Instructions to Filing Officer:					
	J DENNY	5			
GCT 1 2023					

Office Use Only



900415965959

09/22/23--01003--004 **2955.00



COVER LETTER

SUBJECT: Name of Limited Liability	y Company
DOCUMENT NUMBER: 1.22000430217	
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:
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	_
mudmarine73@gmail.com	
E-mail address: (to be used for future annual report notification)	_
For further information concerning this matter, please call	
LegalCorp Solutions, LLC 888	534-3018
Name of Person at (e 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

TO: Registration Section

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

Street Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

INHS17 (2/14)

\$ 85.00

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provis	sions of section 605.	0115, Florida Statutes, the	undersigned.		
LegalCorp Solutions, I	LLC		. hereby resigns as		
	Name of Registered	Agent			
Registered Agent for	EV GONE HOME L	LC			
	Name of	f Limited Liability Company		,	
L22000430217					
Document	Number, if known				
•		the above listed limited lial			
The agency is termin	ated and the office d	iscontinued on the 31st day	y after the date on w		
		Signature of Resigning A	gent	F 2023 SEP SECRET	
If signing on behalf o	of an entity:				
	Travis Crabtree				
Typed or Printed Name			: e		
	Member			<u> </u>	

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