# L22000466520

(Requ	uestor's Name)			
(Addı	ess)			
(Addr	ess)			
(City/	State/Zip/Phone #)			
PICK-UP	MAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates of Statu	ıs		
Special Instructions to Filing Officer:				
	J DENNIS			
	APR 1 7 2023			

Office Use Only



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FILED
SECRETARY OF STATE
SECRETARY OF STATE

#### **COVER LETTER**

SUBJECT: Name	e of Limited Liabi	lity Company
DOCUMENT NUMBER: L22000466820		
The enclosed Resignation of Registered for filing.	Agent for a Lim	ited Liability Company and fee are submitted
Please return all correspondence concerr	ning this matter t	o the following:
MARIAH ESTERS-RIMMER		
Name of Person	<del></del>	<del>_</del>
LEGALCORP SOLUTIONS, LLC		
Name of Firm/Company	y	<del></del>
3 GREENWAY PLAZA STE 1320		
Address		<u> </u>
HOUSTON, TX 77046		
City/State and Zip Code	2	<del></del>
jon@taxfreejon.com		
E-mail address: (to be used for future annu	al report notificatio	n)
For further information concerning this i	matter, please ca	II:
MARIAH ESTERS RIMMER	888 at (	534-3018
Name of Person	Area Co	ode 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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

Pursuant to the provisi	ons of section 605.	0115, Florida Statutes, the	e undersigned.
LEGALCORP SOLUTI	ONS, LLC		, hereby resigns as
	Name of Registered	Agent	
Registered Agent for	MALL CONSULTIN	NG LLC	
	Name of	f Limited Liability Company	
1.22000466820			
Document ?	Number, if known	<del></del> _	
A copy of this resignat	tion was mailed to	the above listed limited lia	ability company at its last known address.
The agency is termina	ted and the office d	liscontinued on the 31st da	ay after the date on which this statement is filed.
	<del></del>	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