

L23 DDDDD 74073

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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2023 OCT 11 PM 12:47

TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MOE RAAFAT LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L23000074073

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

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

moraafat80@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 (_____) _____

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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 provisions of section 605.0115, Florida Statutes, the undersigned,

LegalCorp Solutions, LLC _____, hereby resigns as

Name of Registered Agent

Registered Agent for MOE RAAFAT LLC _____

Name of Limited Liability Company

L23000074073 _____

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.



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withdrawn limited liability company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

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TALLAHASSEE, FLORIDA
DEPARTMENT OF STATE