# L23000156883

(Re	equestor's Name)	
(Ac	idress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	#)
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PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Name	<del>)</del>
(Do	ocument Number)	
Certified Copies	_ Certificates o	of Status
Special Instructions to	Eiling Officer	
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2023 SEP 22 AM 8: 50 SECRETARY OF STATE

### **COVER LETTER**

SUBJECT:  Name of Limited Liability	Company
DOCUMENT NUMBER: L23000156883	
The enclosed Resignation of Registered Agent for a Limited for filing.	d Liability Company and fee are submitted
Please return all correspondence concerning this matter to t	he 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	-
globalpromostore@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 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

#### **Street Address:**

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

Tallahassee, FL 32303

INHS17 (2/14)

TO:

Registration Section Division of Corporations

\$ 85.00

## 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 Solutions, LLC		, hereby resigns as	
	Name of Registered Agent		
Registered Agent for _	ISA DISCOUNT LLC		
	Name of Limited Liability Company		
1.23000156883			
Document 3	Sumber, it known		
	ion was mailed to the above listed limited lia	• •	
The agency is terminat	ed and the office discontinued on the 31st da	ay after the date on which this statement	is filed.
		023 S	
	Signature of Resigning	SECRETARY Agent	FILED
If signing on behalf of	an entity:	***	1.1
	Travis Crabtree		•
	Typed or Printed Name		
	Member	··· •	•
	Canacity		

#### **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