# 123000231609

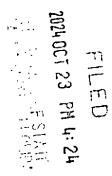
(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer		
NOV 12 2024		

Office Use Only



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### **COVER LETTER**

TO: Registration Section Division of Corporations	
Division of Corporations	
SUBJECT: Chase Mudd LLC	
Name of Limited Liability	Company
DOCUMENT NUMBER: L23000231609	
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 the	ne following:
United States Corporation Agents, Inc.	
Name of Person	•
Legalzoom.com, Inc.	
Name of Firm/Company	•
9900 Spectrum Dr.	
Address	•
Austin, TX 78717	
City/State and Zip Code	
raresignations@legalzoom.com	
E-mail address: (to be used for future annual report notification)	•
For further information concerning this matter, please call:	
800	773-0888

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Name of Person

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

#### STREET ADDRESS:

**Registration Section** Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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

Pursuant to the provisions of section 605.0115, Florida Statutes, the	undersigned,
United States Corporation Agents, Inc.	
Name of Registered Agent	hereby resigns as
Registered Agent for Chase Mudd LLC	Part of
	25
Name of Limited Liability Company	20
L23000231609	以 <b>ま</b> つり、 <b>夫</b>
Document Number, if known	22
A copy of this resignation was mailed to the above listed limited liab	oility 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.
Treetlein Signature of Resigning Ag	
If signing on behalf of an entity:	
Erik Treutlein	
Typed or Printed Name	
Vice President on behalf of United States Corporat	tion Agents, Inc.
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