L23000294661

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Qualbee LLC Name of Limited Liability Company
DOCUMENT NUMBER: <u>L23000294661</u>
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:
Erica Ellsworth Miller Name of Person
Name of Firm/Company
37 N 800 E Address
American Fork, UT 84003 City/State and Zip Code
erica ell Sworthmiller @ mail. com E-mail address: (to be used for future annual report abtification)
For further information concerning this matter, please call:
En ca Ellsworth Miller at (80) 403-6177 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

2

Pursuant to the provision	s of section 605.0115	5. Florida Statutes, the	e undersigned.	MAC + MAC +
	SWWH Mi Name of Registered Ager		, hereby resigns as	16 A
Registered Agent for		L.L.C.		51. 5. - 5.
	Name of Lim	ited Liability Company		· · · · · · · · · · · · · · · · · · ·
	nber, if known n was mailed to the a		ability company at its last kr ay after the date on which th	
If signing on behalf of ar	entity:			
	Т,	vped or Printed Name		
		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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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