L23000318784

(Requestor's Name)				
(Add	dress)			
(Address)				
((daileds)				
	- (C) (D)	(0		
(City	y/State/Zip/Phon	e #)		
D SIGICUS		—		
PICK-UP	WAIT	MAIL		
(Bus	siness Entity Nar	ne)		
	·	·		
(De-	cument Number)			
(000)	oument Number)			
Certified Copies Certificates of Status				
Special Instructions to 6				
Special Instructions to Filing Officer:				
		j		

Office Use Only



800431538008

06/14/24--01023--019 **25.00

2024 JUN 14 PM 4: 09

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Greaves Chaplain Service	es LLC
Name of Limited Liability	y Company
DOCUMENT NUMBER: L23000318784	
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	he 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 at (773-0888
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
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 Statı	ites, the undersigned,	
United States Corporation Age	ents, Inc.	, hereby resign	s 20
Name of Regist	tered Agent	, nereby resign	s ds
Registered Agent for Greaves Cha	aplain Services LL(<u> </u>	
Nar	ne of Limited Liability Con	ipany	· · · · · · · · · · · · · · · · · · ·
L23000318784			
Document Number, if known			
A copy of this resignation was mailed	to the above listed lim	ited liability company at its	last known address.
The agency is terminated and the office			
	Crik Treu	tlein	
	Signature of Res	igning Agent	
If signing on behalf of an entity:			202 Tř
Erik Treutl	lein		TALLAHASSEE
	Typed or Printed Na	me	基三
Vice Preside	nt for United States Co	rporation Agents, Inc.	SSS
	Capacity		PH 4: 09 SEE: FLORID
			- F. C.
FI	ILING FEES:		AIDA 15
\$ 1	85.00 Active limite 25.00 Administrativ	d liability company /ely dissolved/ voluntarily c mited liability company	lissolved/

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314