

Inc Authority
Florida

TO: PHYSICAL: Dept. of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING: Dept. of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

FROM: Inc Authority, LLC
1450 Vassar St
Reno NV 89502
(800) 638-2320
(775) 329-0852

DATE: Tuesday, February 13, 2024

SENT VIA USPS

To Whom It May Concern:

Attached, please find the following document(s):

Resignation of Registered Agent
For: **MAIN X WORTH, LLC**

We have included payment in the amount of \$85.00 for the following fees:

- Filing Fee

We have included one original and one copy.

If there are any questions, please call 800-638-2320

Please return the file stamped copy to the address below:

Processing Department
1450 Vassar St
Reno NV 89502

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MAIN X WORTH, LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L23000375639

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:

Corporate Maintenance Lead

Name of Person

Processing Department

Name of Firm/Company

1450 Vassar St

Address

Reno, NV 89502

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Corporate Maintenance Lead

Name of Person

at (800)

Area Code

638-2320

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

INC AUTHORITY RA

_____, hereby resigns as
Name of Registered Agent

Registered Agent for MAIN X WORTH, LLC

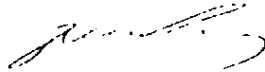
Name of Limited Liability Company

L23000375639

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:

Trevor Rowley

Typed or Printed Name

Vice President

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

2020 FEB 20 PM 2:22

COVER LETTER

TO: Registration Section
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DOCUMENT NUMBER: L23000375639

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Corporate Maintenance Lead

800

638-2320

at (

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_____)
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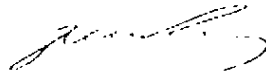
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2017 FEB 20 PM 2:22