# LZ3 000 375 639

(Reque	estor's Name)		
V = 12	,		
(Addre	ss)		
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(Addre	55)		
(City/S	tate/Zip/Phone #)		
PICK-UP	WAIT	MAIL	
(Busin	ess Entity Name)		
(Досиг	nent Number)		
Certified Copies	Certificates of	Status	
Special Instructions to Filing Officer:			

Office Use Only



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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 <u>\$85,00</u> 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

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 at ( \_\_\_\_\_\_)
Area Code | Daytime Telephone Number Name of Person

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

TQ:

Registration Section Division of Corporations

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

Pursuant to the provisions o	f section 605.011:	5. Florida Statutes, the und	lersigned.	
INC AUTHORITY RA			, hereby resigns as	
Na	me of Registered Age	nt	_ ( nerecy feet gille de	
Registered Agent for MAIN	X WORTH, LLC			
	Name of Lun	ifted Liability Company		
L23000375639			76	
Document Number	r, it known	<del></del>	 - 한 <u>과</u>	
A copy of this resignation v	vas mailed to the a	above listed limited habilit	y company at its last known addic	88.
The agency is terminated at	nd the office disco	ntinued on the 31st day aft	ter the date on which this statemen	a is filed.
	j	e	.∵	•
		Signature of Resigning Agent		) )
If signing on behalf of an er	ntity:			
Tr	evor Rowley			
V.	T ce President	yped or Printed Name		
•	-	Capacity		
	<b>FILING</b> \$ 85.00 \$ 25.00	Active limited liability	ved_voluntarily dissolved	

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, F1. 32314

### **COVER LETTER**

Name of Limited Liability Compan	iy .
DOCUMENT NUMBER: L23000375639	<del> </del>
The enclosed Resignation of Registered Agent for a Limited Liabili for filing.	ty Company and fee are submitted
Please return all correspondence concerning this matter to the follow	ving:
Corporate Maintenance Lead	
Name of Person	
Processing Department	
Name of Firm Company	707
1450 Vassar St	2071 FEB
Address	8 20
Reno, NV 89502	. · · · · ·
City/State and Zip Code	22
	22
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Corporate Maintenance Lead 800 638-232 at ( )	20
Name of Person Area Code Daytin	ne 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:

TO: Registration Section Division of Corporations

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	of section 605.0115. Florida Statutes, th	he undersigned.	
INC AUTHORITY RA		, hereby resigns as	
Sta	ane of Registered Agent	corresponding to	
Registered Agent for $\frac{MAD}{D}$	N X WORTH, LLC		
	Name of Limited Embility Company		,
	Name or Crimed Existing Company		
L23000375639			
Document Number	er, it known		
_	was mailed to the above listed limited I and the office discontinued on the 31st of Signature of Resigning artists:	day after the date on which this	Statement is filed.
	•		2: 2
<del></del>	Typed or Printed Name		· ~
V	ice President		
	Capacity		
	FILING FEES: \$ 85.00 Active limited liab \$ 25.00 Administratively of withdrawn limited	bility company dissolved voluntarily dissolved d liability company	d,

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, F1, 32314