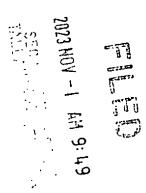
L23000476846

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(Address)
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(City/State/Zip/Phone #)
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COVER LETTER

SUBJECT: Name of Limited Liability	Company
DOCUMENT NUMBER: L23000476846	
The enclosed Resignation of Registered Agent for a Limited for filing.	I Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	ne following:
Travis Crabtree	
Name of Person	
LEGALCORP SOLUTIONS, LLC	
Name of Firm/Company	
3 Greenway Plaza #1320	
Address	
Houston, TX 77046	
City/State and Zip Code	
mrrobski@hotmail.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
LegalCorp Solutions, LLC 888	534-3018
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

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 provisi	ions of section 605.011	5, Florida Statutes, tl	he undersigned,		
LEGALCORP SOLUTIONS, LLC		, hereby resign	ns as		
	Name of Registered Age				
Registered Agent for _	LIMANS CONSULTI	ING LLC			
		_		,	
	Name of Lir	mited Liability Company			
L23000476846					
Document?	Number, if known				
	tion was mailed to the		day after the date on w		filed.
If signing on behalf of	an entity:			20	
	Travis Crabtree			2023 HOV SECTION	77
	Member	Typed or Printed Name		- V	
	FILING \$ 85.00 \$ 25.00	Active limited lial Administratively	bility company dissolved/ voluntarily d liability company	dissolved/	

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

COVER LETTER

SUBJECT: LIMANS CONSULTING LLC	
	Liability Company
DOCUMENT NUMBER: L23000476846	
The enclosed Resignation of Registered Agent for for filing.	a Limited Liability Company and fee are submitted
Please return all correspondence concerning this m	atter to the following:
Travis Crabtree	
Name of Person	 _
LEGALCORP SOLUTIONS, LLC	
Name of Firm/Company	
3 Greenway Plaza #1320	
Address	
Houston, TX 77046	
City/State and Zip Code	
mrrobski@hotmail.com	
E-mail address: (to be used for future annual report noti	fication)
For further information concerning this matter, plea	ase call:
LegalCorp Solutions, LLC at (at (888 534-3018
Name of Person A	rca 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

Registration Section Division of Corporations

TO:

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 provisi	ons of section 605.0	115, Florida Statutes, the u	ndersigned,			
LEGALCORP SOLUTIONS, LLC		, hereby resigns a	harahy racians as			
	Name of Registered A	gent	, nervey resigns t	.4.3		
Registered Agent for _	LIMANS CONSUL	TING LLC				
	Name of L	imited Liability Company	 .		<u>-</u> .	
L23000476846						
Document 1	Number, if known					
		e above listed limited liabi continued on the 31st day				
		Signature of Resigning Age	ent	:-! :/`S	20:	
If signing on behalf of	an entity:				2023 HOV	- T
	Travis Crabtree				. A0] [:
		Typed or Printed Name			I	
	Member			, , , , , , , , , , , , , , , , , , ,		
		Capacity			9: 49	

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