

L24000341289

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

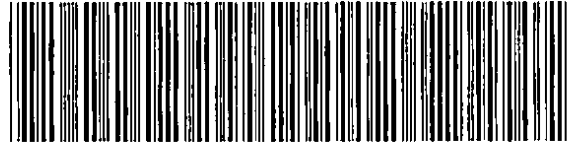
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TALLAHASSEE, FL

NOV 26 2024

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PRINTING ON BUDGET LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L24000341289

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:

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

pablopratkin@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LEGALCORP SOLUTIONS, LLC at (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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:
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

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TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 5, 2024

TRAVIS CRABTREE
LEGALCORP SOLUTIONS, LLC
3 GREENWAY PLAZA #1320
HOUSTON, TX

SUBJECT: PRINTING ON BUDGET LLC
Ref. Number: L24000341289

We have received your document for PRINTING ON BUDGET LLC and your check(s) totaling \$195.00. However, the document has not been filed and is being retained in this office for the following:

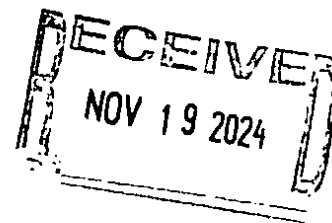
Please exchange the attached check for one for \$135.00. This is for the 3 RA Resignation you submitted. One of them is active and the other two are inactive.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing
Operations Manager A

Letter Number: 124A00024296



STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

LEGALCORP SOLUTIONS, LLC

_____, hereby resigns as
Name of Registered Agent

Registered Agent for PRINTING ON BUDGET LLC

Name of Limited Liability Company

L24000341289

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:

TRAVIS CRABTREE

Typed or Printed Name

MEMBER

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

SECRETARY OF STATE
TALLAHASSEE, FL

2024 NOV 19 PM 4:15

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