M0000C	10022S6		
(Requestor's Name) (Address) (Address)	300419170113		
(City/State/Zip/Phone #)			
(Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	2024 JUL-3 PH 2:09		
Office Use Only	ALLANASSEC, FLORIDA SECRETARY OF STRUCT TALLANASSEC, FLORIDA SECRETARY OF STRUCT FILLANASSEC		

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Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301 850.656.7956 Fax: 850.656.7953 www.incserv.com e-mail: accounting@incserv.com

ORDER FORM

то Florida Department of State The Centre of Tallahassee 2415 North Monroe Street, Suite 810 Tallahassee, FL 32303 corphelp@dos.myflorida.com 850-245-6051

FROM	Melissa Moreau		
	mmoreau@incserv.com		
	850.656.7953		

REQUEST DATE 01/03/2024	PRIORITY Routine	OUR REF # (Order ID#) Westley
ORDER ENTITY		~1
NET LEASE DEVELOPMENT LLC		SECR
PLEASE PERFORM THE FOLLOWING SE	RVICES:	
NET LEASE DEVELOPMENT LLC		
Please file the attached resignation.		

NOTES:

\$25.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: 12005000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.



COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: NET LEASE DEVELOPMENT LLC

Name of Limited Liability Company

DOCUMENT NUMBER: M0000002256

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:

Westley Look

Name of Person

Incorporating Services, Ltd.

Name of Firm/Company

3500 S DuPont Highway

Address

Dover, DE 19901

City/State and Zip Code

wlook@incserv.com

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

For further information concerning this matter, please call:

Westley Look		302	531-0703
·	_ at (<u> </u>	Daytime Telephone Number
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

INHS17 (2/14)

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

Incorporating Services, Ltd.

, hereby resigns as

Name of Registered Agent

Registered Agent for <u>NET</u> LEASE DEVELOPMENT LLC

Name of Limited Liability Company

M0000002256

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address. l-im Ē The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed. PE Ņ

Signature of Resigning Agent

If signing on behalf of an entity:

Amanda Archambault

Typed or Printed Name

Assistant Secretary

Capacity

FILING FEES:

\$ 85.00 \$25.00

Active limited liability company 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

INHS17 (2/14)