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(Re	questor's Name)				
(Ad	dress)				
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(Cit	ty/State/Zip/Phone	e #)			
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TO: Registration Section Division of Corporations

SUBJECT:	STRAIGHT LINE INVESTMENTS LLC				
50000001	Name of	Limited	Liability	Company	
DOCUMENT NUMBE	R:	M050	0000422	4	
The enclosed Resignation for filing.	n of Registered Age	ent for a	a Limited	Liability Comp	any and fee are submitte
Please return all correspo	ondence concerning	this m	atter to th	e following:	
K	aitie Sperry			•	
Na Na	ame of Person				
Corp	orate Direct, Inc.				
Name	of Firm/Company				
2248 Me	eridian Blvd., Ste F	1			
	Address				
Mind	en, NV 89423				
City/S	tate and Zip Code	. =			
info@co	rporatedirect.com				
E-mail address: (to be u	sed for future annual re	port not	fication)		
For further information of	concerning this matt	er, ple	ase call:		
Kaitie S	perry	at (775	782-2201	
Name of	Person	Ā	rea Code	Daytime Telep	hone 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of	of section 605.0115, Florida Statutes, the	he undersigned,		
Gerri Detweiler		, hereby resigns as		
Na	une of Registered Agent	,		
Registered Agent for	STRAIGHT LINE IN	IVESTMENTS LLC		
·	Name of Limited Liability Company	 .		
M050000	04224			
Document Number	er, if known			
.,		day after the date on which this statement is filed.		
If signing on behalf of an entity:		20 PEC TI		
	Gerri Detweiler			
Typed or Printed Name				
Registered Agent				
	Capacity	AN 12: 47		
	FILING FEES: \$ 85.00 Active limited lia \$ 25.00 Administratively withdrawn limite	bility company dissolved/ voluntarily dissolved/ ed liability company		

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