M06000003133

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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12/04/17--01008--024 **25.00



COVER LETTER

. TO: Registration Section Division of Corporations

SUBJECT:	THE INYANG	GCHUNG :	SUPER LLC			
SUBJECT.	Name of Limit	ed Liability	Company			
DOCUMENT NUMBER:	MENT NUMBER: M06000003133					
The enclosed Resignation of F for filing.	Registered Agent fo	r a Limited	Liability Company and	fee are submitted		
Please return all corresponden	ce concerning this	matter to the	e following:			
Kaitie	Sperry					
Name o	Person					
Corporate	Direct, Inc.					
Name of Fir	m/Company					
2248 Meridia	n Blvd., Ste H					
Add	ress					
Minden, N	V 89423					
City/State a	nd Zip Code		1			
info@corporatedirect.com			1			
E-mail address: (to be used for	future annual report n	otification)				
For further information conce	ming this matter, p	lease call:				
Kaitie Sperry	, at (775	782-2201			
Name of Person		Area Code	Daytime Telephone Nun	iber		

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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	section 605.0115, Florida Stat	utes, the undersigned,			
G	, hereby resigns as	, hereby resigns as			
Nan	ne of Registered Agent				
Registered Agent for	THE INYAN	GCHUNG SUPER LLC			
	Name of Limited Liability Co.	mpany			
M0600000	3133				
Document Number	, if known				
A copy of this resignation w	as mailed to the above listed lir	nited liability company at its last l	known addr	ress.	
The agency is terminated an	d the office discontinued on the	31st day after the date on which	this stateme	ent is	filed.
	Wari Detwee Signature of Ro	signing Agent			
If signing on behalf of an en	tity:				
	Gerri Detwe	iler	조유 :	Ĭ,	
_	Typed or Printed N	lame	52	0	
	Registered A	gent	=	33	12
-	Capacity			7	; ;;;
				歪	1
	FILING FEES: \$ 85.00 Active limit \$ 25.00 Administrat withdrawn	ted liability company sively dissolved/ voluntarily disso limited liability company	olved/	84 6	•

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