# M190000003073

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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RECEIVED

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

Filone: 630-336-1300
ACCOUNT NO. : I2000000195
REFERENCE : 762713 8323810
AUTHORIZATION COMMENTER TO SERVE
COST LIMIT : \$ 85.00
ORDER DATE : May 22, 2023
ORDER TIME : 10:43 AM
ORDER NO. : 762713-005
CUSTOMER NO: 8323810
AGENT FILING
NAME: CHEM-TEL, LLC
XX RESIGNATION OF AGENT
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY  XX PLAIN STAMPED COPY  CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Matthew Todd-EXT#62976
EXAMINER'S INITIALS:

#### **COVER LETTER**

SUBJECT: Name o	f Limited Liabil	ity Company
DOCUMENT NUMBER: M19000003073	. <u> </u>	
The enclosed Resignation of Registered Agfor filing.	gent for a Limi	ted Liability Company and fee are submitted
Please return all correspondence concerning	g this matter to	the following:
RESIGNATIONS DEPARTMENT		
Name of Person		_
CORPORATION SERVICE COMPANY		
Name of Firm/Company		_
251 LITTLE FALLS DRIVE		
Address		_
WILMINGTON, DE 19808		
City/State and Zip Code	<del>-</del> ·	_
ANNUALREPORTS@CSCGLOBAL.COM		
E-mail address: (to be used for future annual	report notification	)
For further information concerning this ma	itter, please cal	I:
RESIGNATION DEPT	800 at (	927-9801
Name of Person	Area Co	de 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provisior	ns of section 605.011.	<ol><li>Florida Statutes, the under</li></ol>	rsigned,			
CORPORATION SERVICE COMPANY , her			, hereby resigns as			
	Name of Registered Age		· · · · · · · · · · · · · · · · · · ·			
Registered Agent for	em-Tel, LLC					_
	Name of Liz	nited Liability Company				<b>_</b> `
	Name of Lin	med maomic Company				
M19000003073						
Document Nu	mber, if known					
A copy of this resignatio	n was mailed to the a	above listed limited liability	company at its last kno	own a	.ddress	;.
The agency is terminated	and the office disco	ontinued on the 31st day after Willard - Signature of Resigning Agent	r the date on which thi	s state	ement	is filed
If signing on behalf of ar	entity:				21.	
	BY ALEXXIS WEIL	AND-SORENSON	-		23,	
	Typed or Printed Name			<u></u> .	-	 
	ASSISTANT VICE PRESIDENT			-24	÷	3
		Capacity	(4) (7) (7)	177	PH	;
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability co Administratively dissolve withdrawn limited liabili	ompany ed/ voluntarily dissolv ty company		PM 3: 08	

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