M19000009359

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Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	
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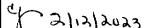
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT:	<u></u>
Name of Limited Liability	Company
DOCUMENT NUMBER: M19000009359	
The enclosed Resignation of Registered Agent for a Limited for filing.	d Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	he following:
Chelsea Chapman	
Name of Person	-
Legaline Corporate Services, INC.	
Name of Firm/Company	-
10601 Clarence Dr Ste 250	
Address	-
Frisco, TX 75033-3867	
City/State and Zip Code	•
ra@legaline.com	
E-mail address: (to be used for future annual report notification)	-
For further information concerning this matter, please call:	
Chelsea Chapman at (Name of Person Area Code	386-0178 Daytime Telephone Number
Manie of Ferson 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ns of section 605.011:	5. Florida Statutes, the und	ersigned.		
Legaline Corporate Services, INC. Name of Registered Agent			, hereby resigns as		
		nt			
Registered Agent for R	APIDFARE LTD. CO.				_
	Name of Lim	nited Liability Company			<u>_</u> ,
М19000009359					
Document Nu	ımber, if known				
A copy of this resignation	on was mailed to the a	above listed limited liability	company at its last know	n address	;.
The agency is terminate	d and the office disco	Signature of Resigning Agent	er the date on which this s		is filed.
If signing on behalf of a	n entity:		SECTION	2022 NOV	कस्तुरम्
	Chelsea Chapman			104	U 1.
	Т	yped or Printed Name		5	
	On Behalf of Legaline	c Corporate Services, INC.		-0	l L i
		Capacity		PM 1:03	
	FILING O \$ 85.00 O \$ 25.00	Active limited liability of	/ed/ voluntarily dissolved/		

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