M21000005372

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STATE

COVER LETTER .

TO: Registration Section Division of Corporations

SUBJECT:		
	Limited Liability	Company
DOCUMENT NUMBER: M21000005372		
The enclosed Resignation of Registered Age for filing.	ent for a Limited	Liability Company and fee are submitte
Please return all correspondence concerning	this matter to th	e 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@legalinc.com		
E-mail address: (to be used for future annual rep	ort notification)	
For further information concerning this matter	er, please call:	
Chelsea Chapman	844 lat (386-0178
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

INHS17 (2/14)

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ns of section 605.011	5, Florida Statutes, the unders	igned,	
Legaline Corporate Servi	ces, INC.		hereby resigns as	
	Name of Registered Age	ent	, 0	
Registered Agent for M	I3 INVESTMENTS LL	.c		
		-		
	Name of Lin	nited Liability Company		
M21000005372				
Document Nu	umber, if known			
A copy of this resignation	on was mailed to the	above listed limited liability co	ompany at its last known addr	ess.
The agency is terminate	d and the office disco	Signature of Resigning Agent	he date on which this statemed	nt is file
If signing on behalf of a	in entity:			
	Chelsea Chapman			
	T	'yped or Printed Name		202
	On Behalf of Legalin	c Corporate Services, INC.		7 <u>7</u>
	-	Capacity		M2 HOV 15
	FILING © \$ 85.00 © \$ 25.00	FEES: Active limited liability con Administratively dissolved withdrawn limited liability	npany / voluntarily dissolved/	AM 10: 35

Make checks payable to Florida Department of State and mail to:

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

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