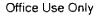
Ma1000014268

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| FEB - 9 2023 |





200397627272

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4

COVER LETTER

| SUBJECT: <u>DISCOVERY SUPPORT SERVICES LLC</u> Name of Limited Liability | Company |
|---|-------------------------------------|
| DOCUMENT NUMBER: M21000014268 | |
| The enclosed Resignation of Registered Agent for a Limited for filing. | Liability Company and fee are submi |
| Please return all correspondence concerning this matter to tl | ne 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 report notification) | |
| For further information concerning this matter, please call: | |
| Chelsea Chapman 844 | 386-0178 |
| Name of Person Area Code | Daytime Telephone Number |

liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provisions of section 605.0115, Florida Statutes, the undersigned, | | |
|--|--|---------------------|
| Legaline Corporate Services, INC. | , hereby resigns as | P |
| Name of Registered Agent | , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | |
| Registered Agent for DISCOVERY SUPPORT SERVICES LLC | | ~~~ |
| Name of Limited Liability Company | | <u> </u> |
| M21000014268 Document Number, if known | | |
| A copy of this resignation was mailed to the above listed limited liability co | ompany at its last kno | own address. |
| The agency is terminated and the office discontinued on the 31st day after | the date on which this | s statement is file |
| Signature of Resigning Agent | | |
| If signing on behalf of an entity: | | |
| Zachary Mathewson | | |
| Typed or Printed Name | | |
| On Behalf of Legaline Corporate Services, INC. | | |

FILING FEES: \$85.00 Activ

Capacity

Active limited liability company
Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company **©** \$ 25.00

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