M21000014608

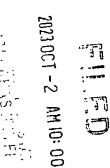
(Requestor's Name)	
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:		
Name of Limited Liability	Company	
DOCUMENT NUMBER: M21000014608	2002 <u> </u>	_
The enclosed Resignation of Registered Agent for a Limited for filing.	l Liability Company and fee	are submitted
Please return all correspondence concerning this matter to tl	ne following:	
Rebecca Hanson		
Name of Person		
Quik Filings LLC		
Name of Firm/Company	•	
9789 Springwood Dr		
Address		. 2
Kalamazoo, MI 49009		2023 OCT -2 AM 10: 00
City/State and Zip Code	· 法:	——————————————————————————————————————
mio.kameron@gmail.com	MUAL SSE	2
E-mail address: (to be used for future annual report notification)	- C	
For further information concerning this matter, please call:); 00
Rebecca Hanson 269	743-4201	_
Name of Person Area Code	Daytime Telephone Number	<u> </u>

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provis	ions of section 605.011	5, Florida Statutes, the unc	dersigned,		
InCorp Services, Inc.			_ , hereby resigns a	กร	
	Name of Registered Age	ent	neresy romagnic .		
Registered Agent for	Lend Suite LEC				
	Name of Lin	nited Liability Company			,
M21000014608					
Document	Number, if known				
		above listed limited liabiliontinued on the 31st day at			
	Polintbur	Signature of Resigning Agen	lad for du	On G	7 Derues No
If signing on behalf o	f an entity:	J			
-	Rebecca Hanson				
	 ,	Typed or Printed Name			7 0
	Attorney-in-fact for	ney-in-fact for InCorp Services, Inc.		2 2 2	
		Capacity		<i>€</i> 20 **	
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability Administratively disso withdrawn limited liab	company Ived/voluntarily di bility company		

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