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To:	Division of C	orporations	1
	Fax Number	: (850)617-6383	
From:			10. 6
	Account Name	: C T CORPORATION SYSTEM	
	Account Numbe	• : FCA00000023	
	Phone	: (614)280-3338	
	Fax Number	: (614)573-3996	
**Enter	the email addre	ss for this business entity	y to be used for future

Email Address: cls-agentresignations@wolterskluwer.com



LLC REGISTERED AGENT RESIGNATION LEGACY EJY SUBSIDIARY LLC

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K. SALY

JAN 1 7 2024

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To:

, hereby resigns as

FILE PH 1.40

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115. Florida Statutes, the undersigned,

C T CORPORATION SYSTEM

Name of Registered Agent

Registered Agent for _____

Name of Limited Liability Company

M2200008560

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

Mancy Helm - Brown

Signature of Resigning Agent

If signing on behalf of an entity:

NANCY HELM-BROWN

Eyped or Printed Name

ASSISTANT SECRETARY

Capacity

FILING FEES:

\$ 85.00 \$ 25.00

Active limited liability company

 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

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