PF101000066N

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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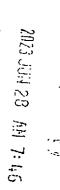
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06/28/23--01014--001 **350.00

S CHATHAM



COVER LETTER

Division of Corporations	
WELLSPRING PENSACOLA INC SUBJECT:	
(Name of Corporat	ion)
DOCUMENT NUMBER: N22000010179	
The enclosed Resignation of Registered Agent for a Corpora	ation and fee are submitted for fi
Please return all correspondence concerning this matter to the	he following:
BRITTNEY FULGHUM	
(Name of Person)	-
LEGALCORP SOLUTIONS, LLC	
(Name of Firm/Company)	-
3 GREENWAY PLAZA STE 1320	
(Address)	-
HOUSTON, TX 77046	
(City/State and Zip Code)	-
For further information concerning this matter, please call:	
BRITTNEY FULGHUM 888 at (534-3018
(Name of Person) (Area Code	& Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Mailing Address:

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

	ions 607.0503(2), 617.0502(2), 607.1509, or 617.1509.	
Florida Statutes, the undersigned,	LEGALCORP SOLUTIONS, LLC	
. , , , , , , , , , , , , , , , , , , ,	(Name of Registered Agent)	-
hereby resigns as Registered Ages	nt for	
	(Name of Corporation)	_
N22000010179		
(Document Number, if known)		
A copy of this resignation was ma	ailed to the above listed corporation at its last known address	S .
The agency is terminated and the this statement is filed.	office discontinued on the 31st day after the date on which	
·	(Signature of Resigning Agent)	
If signing on behalf of an entity:		
TRAVIS CRABTE	(Typed or Printed Name) (Typed or Printed Name)	
	(Typed or Printed Name)	J
	∑°	
MEMBER	(Capacity)	
<u> </u>	(Capacity)	ا الرحية الرحية
	#	
	•	

Fee for filing this document:

\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

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