

PI2000047957

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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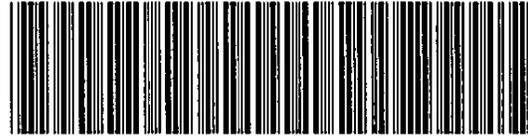
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
2017 JUL 10 AM 9:03

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** LEGALINC CORPORATE SERVICES INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** P12000047957

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.  
Please return all correspondence concerning this matter to the following:

**Denise Fowler**

(Name of Person)

**Registered Agents Legal Services**

(Name of Firm/Company)

**1013 Centre Rd, Suite 403S**

(Address)

**Wilmington, DE 19805**

(City/State and Zip Code)

For further information concerning this matter, please call:

**Denise Fowler**

(Name of Person)

at ( **800** ) **400-6650**

(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

**Street Address:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Mailing Address:**

Amendment Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

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DIVISION OF CORPORATIONS  
2017 JUL 10 AM 9:03

**RESIGNATION OF REGISTERED AGENT  
FOR A CORPORATION**

SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2017 JUL 10 AM 9:09

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,  
Florida Statutes, the undersigned, REGISTERED AGENTS LEGAL SERVICES, LLC  
(Name of Registered Agent)

hereby resigns as Registered Agent for LEGALINC CORPORATE SERVICES INC.  
(Name of Corporation)

P12000047957  
(Document Number, if known)

A copy of this resignation was mailed to the above listed corporation 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.

Denise Fowler  
(Signature of Resigning Agent)

If signing on behalf of an entity:

Denise Fowler  
(Typed or Printed Name)

Authorized Person  
(Capacity)

**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