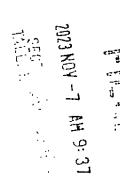
P17000078538

(Re	equestor's Name)	
(Ac	idress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bı	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
muk		
	Office Use Onl	v



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COVER LETTER

LegalC	orp Solutions, LLC 888 (Name of Person) at (Area Co	534-3018) ode & Daytime Telephone Number)
	rther information concerning this matter, please cal	
	(City/State and Zip Code)	
Housto	n, TX 77046	
	(Address)	
3 Green	nway Plaza #1320	<u></u>
	(Name of Firm/Company)	
LEGAL	LCORP SOLUTIONS, LLC	
	(Name of Person)	
Travis (Crabtree	
Please	return all correspondence concerning this matter to	o the following:
The en	iclosed Resignation of Registered Agent for a Corpo	oration and fee are submitted for filing.
	JMENT NUMBER: P17000078538	·
	(Name of Corpor	ration)
SUBJI	C. WILLIAMS SERVICES INC	
TO:	Amendment Section Division of Corporations	

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

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

Pursuant to the provisions of section	ons 607.0503(2), 617.0502(2), 607.150	9, or 617.1509,
Florida Statutes, the undersigned,	LEGALCORP SOLUTIONS, LLC	
riorida Statutes, the undersigned.	(Name of Registered Ag	ent)
hereby resigns as Registered Agen	t for C. WILLIAMS SERVICES INC	
neredy resigns as Registered Agen	(Name of Corporation	1)
P17000078538		
(Document Number, if known)		
A copy of this resignation was ma	iled to the above listed corporation at it	s last known address.
The agency is terminated and the other statement is filed.	office discontinued on the 31st day after	r the date on which
	(Signature of Resigning Agent)	
If signing on behalf of an entity:		
Travis Crabtree		
-	(Typed or Printed Name)	
		202: TAL
Member		3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
	(Capacity)	\$ 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8
		2.12
Fee for	filing this document:	9: 37
	- Active Corporation	7
\$35.00	- Administratively dissolved/voluntaril	lv dissolved/

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

withdrawn corporation

COVER LETTER

TO: Amendment Section Division of Corporations	
C. WILLIAMS SERVICES INC	
(Name o	f Corporation)
DOCUMENT NUMBER: P17000078538	
The enclosed Resignation of Registered Agent for	a Corporation and fee are submitted for filing.
Please return all correspondence concerning this n	natter to the following:
Travis Crabtree	
(Name of Person)	
LEGALCORP SOLUTIONS, LLC	
(Name of Firm/Company)	
3 Greenway Plaza #1320	
(Address)	
Houston, TX 77046	
(City/State and Zip Code)	
For further information concerning this matter, ple	ease call:
LegalCorp Solutions, LLC at (888 534-3018 Area Code & Daytime Telephone Number)
(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:

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

Pursuant to the provision), or 617.15	09,	
Florida Statutes, the unde	ersigned LEG	ALCORP SOLUTION	NS, LLC			
The state of the s		(Nan	ne of Registered Age	nt)		
herehy recions as Pegiste	ared Agent for	C. WILLIAMS SEF	RVICES INC			
hereby resigns as Registered Agent for			lame of Corporation))		
P17000078538						
(Document Number,	if known)					
A copy of this resignation	n was mailed to	o the above listed	corporation at its	: last known	address.	
The agency is terminated this statement is filed.	and the office	discontinued on t	the 31st day after	the date on	which	
 	(Si	gnature of Resigning	Agent)			
If signing on behalf of an	ı entity:					
Travis C		(Typed or Printed Na	me)	SEC TALLAI	2023 NOV -	
Member		(Capacity)		· · ·	7 AH 9: 3	
		, , ,		, •	ω	

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