P19000045931

(Req	uestor's Name)
(Addr	ress)
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<u> </u>	
(Addi	ess)
(City/	State/Zip/Phone #)
PICK-UP	☐ WAIT ☐ MAIL
(0	F-AN NI
(ยบรา	ness Entity Name)
(Doci	ument Number)
Certified Copies	Certificates of Status
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Special Instructions to Fi	ling Officer:

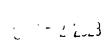
Office Use Only



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COVER LETTER

TO:	Amendment Section Division of Corporations	
SUBJ	THE FOLLAINE COMPANY ECT:(Name of Corporat	ion)
DOC	UMENT NUMBER: P19000045931	·
The e	nclosed Resignation of Registered Agent for a Corpor	ation and fee are submitted for filing.
Please	e return all correspondence concerning this matter to t	he following:
Travis	Crabtree	
	(Name of Person)	-
LEGA	LCORP SOLUTIONS, LLC	
	(Name of Firm/Company)	-
3 Gree	enway Plaza #1320	
	(Address)	-
Houst	on, TX 77046	
	(City/State and Zip Code)	-
For fu	urther information concerning this matter, please call:	
Lægal(Corp Solutions, LLC 888	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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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:

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), 607.1509, or 617.1509,	
Florida Statutes, the undersigned,	LegalCorp Solutions, LLC	
r forred statetes, the undersigned,	(Name of Registered Agent)	
hereby resigns as Registered Agen	The Follaine Company	
nereby resigns as registered regen	(Name of Corporation)	_
P19000045931		
(Document Number, if known)		
A copy of this resignation was mai	led to the above listed corporation at its last known address	SS.
The agency is terminated and the other 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:	<u>-</u> -	
Travis Crabtree		
	(Typed or Printed Name)	<u>}</u>
Member		
	(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