P24000032432

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FLORIDA

COVER LETTER

TO:	Amendment Section Division of Corporations
SUBJ	
	(Name of Corporation)
DOC	UMENT NUMBER: P24000032432
The e	inclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing
Please	e return all correspondence concerning this matter to the following:
Travis	Crabtree
	(Name of Person)
LEGA	LCORP SOLUTIONS, LLC
	(Name of Firm/Company)
3 Gree	enway Plaza #1320
	(Address)
Housto	on, TX 77046
	(City/State and Zip Code)
For fu	urther information concerning this matter, please call:
LegalC	Corp Solutions, LLC 888 534-3018 at ()
	(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 pr	rovisions of sections 607.0503(2), 617.0502(2), 607.1509, or 617	7.1509.		
Florida Statutes, t	he undersigned. LEGALCORP SOLUTIONS, LLC			
,	(Name of Registered Agent)			
hereby resigns as	Registered Agent for SAINT JAMES DISTRIBUTION INC			•
nereby resigns as	(Name of Corporation)	_	—	
P24000032432				
(Document	Number, if known)			
A copy of this res	ignation was mailed to the above listed corporation at its last kn	own addr	ress.	
The agency is tern this statement is f	minated and the office discontinued on the 31st day after the date iled.	e on whic	:h	
	(Signature of Resigning Agent)	-		
If signing on beha	alf of an entity:		~1	
	Travis Crabtree	ĮÄĽĽÄ ĮÄĽĽÄ	2024 AUG 21	-[]
	(Typed or Printed Name)	HASS.	ট 2	<u> </u>
		38.	_	دارة ا
	Member	±r. LuC	P M	
	(Capacity)	LORIDA	PM 12: 45	

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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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