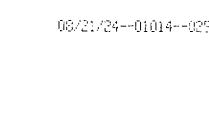
P24000032888

(Re	questor's Name)			
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				

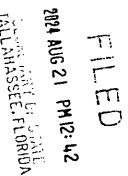
Office Use Only





900433357609

08/21/24--01014--025 *+264.00



COVER LETTER

TO:	Amendment Section Division of Corporations
SUBJ	
	(Name of Corporation)
DOCU	JMENT NUMBER: P24000032888
The er	nclosed 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 Greei	nway Plaza #1320
	(Address)
Housto	on, TX 77046
	(City/State and Zip Code)
For fu	orther information concerning this matter, please call:
LegalC	Torp 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 th	e provisions of section	ns 607.0503(2), 617.0502(2), 607.1509.	or 617.1509,
Florida Statut	es, the undersigned, L	EGALCORP SOLUTIONS, LLC	
	,	(Name of Registered Agen	t)
hereby resigns	s as Registered Agent (OTERO PROPERTY ADJUSTING & API	PRAISALS INC
nereby resign.	as regimered rigent	(Name of Corporation)	
P24000032888			
(Docum	nent Number, if known)		
A copy of this	resignation was maile	ed to the above listed corporation at its l	ast known address.
The agency is this statement		fice discontinued on the 31st day after t	he date on which
		(Signature of Resigning Agent)	 .
If signing on t	pehalf of an entity:		
	Travis Crabtree		FIL 2024 AUG 21 TÄLLÄHÄS
		(Typed or Printed Name)	- E
			21 .SSI
	Member		ma 😦 🔃
	-	(Capacity)	— الرابي ال
			PM 12: 42 PM 12: 42 E. FLORIDA

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