1/22/2018

Division of Corporations



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H160000182843ABC/

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Division of Corporations

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: (850)617-6383

From:

Account Name : RICHARDS & ASSOCIATES, PA.

Account Number : I20110000091 Phone : (305)858-9900 Fax Number : (305)285-0015

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC REGISTERED AGENT RESIGNATION LUCKY SEAGULL LLC

F. E. U.E.I.V.E. 1016 JAN 22 AM 10: 35 SECRETARY #1 STATE ALL AHASSEE, FLORIDA

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COVER LETTER

(HK60000182843) TO: Registration Section Division of Corporations LUCKY SEAGULL LLC Name of Limited Liability Company DOCUMENT NUMBER: LO2000002667 The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing. Please return all correspondence concerning this matter to the following: PATRICIA MENENDEZ Name of Person RICHARDS & ASSOCIATES, P.A. Name of Firm/Company 2665 S. BAYSHORE DRIVE, SUITE 703 Address **MIAMI, FL 33133** City/State and Zip Code PMENENDEZ@RICHARDS-LAW.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: PATRICIA MENENDEZ Name of Person Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET ADDRESS:

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

INHS17 (2/14)

(H160000[82843)

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

WORLD CORPO	PRATE SERVICES INC	, hereby resigns as		
	Name of Registered Agent	, , , , , , , , , , , , , , , , , , , ,		
Registered Agent for				
LUCKY SEAGUL	LLC		•	
	Name of Limited Liability Comp	any		
L02000002667				
Document	Number, if known	•		
A copy of this resign	ation was mailed to the above listed limit	ed liability company at its last known address	3.	
		st day after the date on which this statement	,	
	Signature of Resig	ming Agent		
If signing on behalf o	of an entity:	2016 12016		
	TIMOTHY D. RICHARDS	1 (mejs-	
	Typed or Printed Nam		BOCING 16-	
	MANAGER		ere-	
	Capacity	er e	i i i i i i i i i i i i i i i i i i i	
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		当	•	
•	FILING FEES: \$ 85.00 Active limited	liability company		
	\$ 25.00 Administrative	liability company bly dissolved/ voluntarily dissolved/		

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