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Resignation of Registered Agent for a Limited Liability Company

Capitol Corporate Services, Inc. PO Box 1831 Austin, TX 78767

Phone: (800) 345-4647 Fax: (800) 432-3622

regagent@capitolservices.com

Secretary of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 DATE: STATE: 11/28/2023 FLORIDA

REP UNIT:

KING'S BLUE CHARTERS, LLC

Enclosed for filing please find a Resignation of Registered Agent for a Limited Liability Company for the above referenced name, which is to be filed in your office. Enclosed is check # 33689 in the amount of \$25.00 for the filing fee. After filing, please return the file-stamped copy in the enclosed self-addressed envelope. If you have any questions please call (800) 345-4647 and ask for the Registered Agent Department.

Please return file-stamped copy to the following address:

Capitol Corporate Services, Inc. PO Box 1831 Austin, TX 78767



STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

| Pursuant to the provision | is of section 605,011. | 5, Florida Statutes, the und | dersigned, | | | |
|----------------------------|--------------------------------|------------------------------|----------------------------|------------------|-------------|---|
| Capitol | Corporate Serv | ices, Inc. | , hereby resigns as | | | |
| | Name of Registered Ager | | | | | |
| Registered Agent for | KING'S BLUE CHARTERS, LLC | | | | | |
| | | Name of the Limited Liabil | ity Company | | | |
| L1800 | 0199961 | | | | | |
| Document Nu | mber, if known | | | | | |
| A copy of this resignation | n was mailed to the a | bove listed limited liabilit | ty company at its last kno | own address | | |
| The agency is terminated | d and the office disco | ntinued on the 31st day af | ler the date on which thi | is statement | is filed. | |
| | | Signature of Resigning Agen | 1 | | | |
| If signing on behalf of a | ı entity: | · | | | | |
| | Yvette Cleveland | | | Σ | 20 | |
| | Typed or Printed Name | | | | 23 | |
| | Assistant Secretary | | | <u>≥</u> :: | 册 | - |
| | Capacity | | | AS | 2023 DEC -4 | - |
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| | | | | <u>.</u> | 70 | |
| | FILING \$ 85.00 \$ 25.00 | Active limited liability | lved/ voluntarily dissolv | SINTE FLORIDA | PH 4: 07 | Ţ |

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

