# 120000227794

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#### **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Strype Venturist III  Name of Limited Liability Company
DOCUMENT NUMBER: L2000227794
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:
Tyle Pye Name of Person
Stype Venturst Name of Firm/Company
1576 Bella Cruz Dr #412 Address
The Villages, FL 32159 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Tyle( Pye at (352 ) 353-8440 Name of Person Area Code Daytime Telephone Number
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liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	s of section 605.0115, Flo	orida Statutes, the un	dersigned.			
Legal CUIP Solutions, LLC Name of Registered Agent			_ , hereby resigns as			
Registered Agent for	Stripe Veni	Hurist JLLC				_
	Name of Limited 1	iability Company				
L 2000 2	774 nber. if known					
A copy of this resignation	was mailed to the above	e listed limited liabili	y company at its last	known a	nddress	<b>3.</b>
The agency is terminated	and the office discontinu	ied on the 31st day at	ter the date on which	this stat	ement	is filed.
	TRUS CA	nature of Resigning Agen	1			
If signing on behalf of an	entity:					
	RA	Clab ty te or Printed Name apacity		SEGAL DARY OF TALLAHASSEE.	2023 HAY -9 A)	T
	\$ 25.00 Ac	<u>S:</u> ctive limited liability lministratively dissol ithdrawn limited liab	lved/ voluntarily diss	FLORID	AM 8: 28	

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