L21000009426

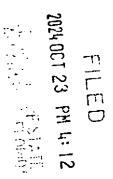
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
J. HORNE NOV 1 2 2024				

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COVER LETTER

Division of Corporations SUBJECT: Nolia Swim LLC Name of Limited Liability Company DOCUMENT NUMBER: L21000009426 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: United States Corporation Agents, Inc. Name of Person Legalzoom.com, Inc. Name of Firm/Company 9900 Spectrum Dr. Address Austin, TX 78717 City/State and Zip Code raresignations@legalzoom.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

Name of Person

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

Area Code Daytime Telephone Number

TO:

Registration Section

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisi	ons of section 605.0115, Florida Star	tutes, the undersigned,	فہ	
United States Corp	poration Agents, Inc.	hander	P. Carlotte	
Name of Registered Agent		hereby resign:	s as	
Registered Agent for _	lolia Swim LLC		IMHOCT 23 PM WILL	
			The Property of	
	Name of Limited Liability Co	mpany	2 %	
L21000009426				
Document N	umber, if known			
A copy of this resignat	on was mailed to the above listed lir	nited liability company at ite	last known addeson	
	ed and the office discontinued on the	lsin	nen mis statement is thed.	
10)	-	.signing Agent		
If signing on behalf of	•			
	Erik Treutlein			
	Typed or Printed Name			
	Vice President on behalf of United States Corporation Agents, Inc.			
	Capacity			
	FILING FEES: \$ 85.00 Active limit \$ 25.00 Administrat	ed liability company ively dissolved/ voluntarily o	dissolved/	

Make checks payable to Florida Department of State and mail to:

Active limited liability company
Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

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