2/20/23, 12:13 PM

Division of Corporations



Note: Please printthis page and us as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000065557 3)))



H230000655573ABC0

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INCORPORATING SERVICES, LTD.

Account Number : I20050000052 Phone : (850)656-7956 Fax Number : (850)656-7953

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

Email Address:

LLC REGISTERED AGENT RESIGNATION 11360 HIGHWAY ONE LLC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 02 |
| Estimated Charge | \$25.00 |

Electronic Filing Menu Corporate Filing Menu

Help T. LEMIEUX MAR 2 8 2023

H230000655573 COVER LETTER

Registration Section Division of Corporations TO:

. Incorporating Servic

| SUBJECT: 11360 HIGHWAY ONE LLC | |
|--|---|
| Name of Limited Liability | Company |
| DOCUMENT NUMBER: L21000248101 | |
| The enclosed Resignation of Registered Agent for a Limited for filing. | Liability Company and fee are submitted |
| Please return all correspondence concerning this matter to th | e following: |
| Westley Look | |
| Name of Person | |
| Incorporating Services, Ltd. | |
| Name of Firm/Company | |
| 3500 S DuPont Highway | |
| Address | |
| Dover, DE 19901 | |
| City/State and Zip Code | |
| wlook@incserv.com | |
| E-mail address: (to be used for future annual report notification) | |
| For further information concerning this matter, please call: | |
| Westley Look 302 | 、531-0703 |
| 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

H230000655573

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

| Pursuant to the provisions of sec | tion 605.0113 | 5, Florida Statutes, the unde | ersigned, | | | |
|------------------------------------|-----------------------|--|---|-----------------|-----------------------|----------|
| Incorporating Services, Ltd. | | | hereby resigns as | | | |
| Name of Registered Agent | | | | | | |
| Registered Agent for 11360 H | IGHWAY C | ONE LLC | | | | |
| • • | | | | | | |
| | Name of Lim | ited Liability Company | | | | 1 |
| L21000248101 | | | | | | |
| Document Number, if ki | 10WII | | | | | |
| A copy of this resignation was in | nailed to the a | above listed limited liability | y company at it | s last known : | address | š. |
| | | | | | | |
| The agency is terminated and the | office disco | intinued on the 31st day aft | er the date on v | which this stat | .ement | is tiled |
| If signing on behalf of an entity: | | Signature of Resigning Agent | mbau | | | |
| | Typed or Printed Name | | | | | |
| | Assistant Secretary | | | | 202 | |
| | | Capacity | | • | €3 7€ | |
| | | | | | | -1 |
| | FILING | EWUC. | | | 27 | - ILLD |
| | \$ 85.00 \$ 25.00 | Active limited liability of Administratively dissolve withdrawn limited liability of the control | company ved/ voluntaril llity company | y dissolved/ | 2023 KAR 27 PM 12: 32 | Û |
| Make | | ble to Florida Department of | | to: | | |

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