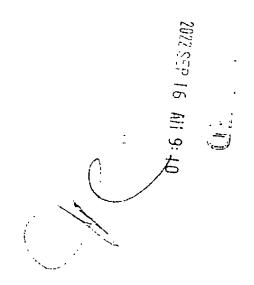


(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	= #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		









COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Warrington Marine Hardware LLC	
Name of Limited Liability Company	
DOCUMENT NUMBER: L21000392459	
The enclosed Resignation of Registered Agent for a Limited Liability Company and fee for filing.	e are submitted
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	~2
9900 Spectrum Dr.	7027 S.ab 19
Address	. . .
Austin, TX 78717	i
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:	
Name of Person Area Code Daytime Telephone Number	
Name of Person Area Code Daytime Telephone Number	JE .

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ons of section 605.0115, Florida Statutes, the unders	igned.
Name of Registered Agent		hereby resigns as
		, nerecy resigns as
Registered Agent for _	Warrington Marine Hardware LLC	
	Name of Limited Liability Company	,
L21000392459		
Document N	lumber, if known	
A copy of this resignat	ion was mailed to the above listed limited liability co	ompany at its last known address.
The agency is terminat	ed and the office discontinued on the 31st day after t	the date on which this statement is filed.
	Signature of Resigning Agent	2021 STP
If signing on behalf of	an entity:	
	Cheyenne Moseley	16
	Typed or Printed Name	nts, Inc.
	Asst. Secretary for United States Corporation Age	nts, Inc.
	Capacity	-0

FILING FEES:
\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

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