

01/14 0000003214

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

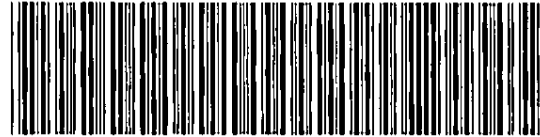
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2/27/24  
N. HUNT

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 324320 8323810

AUTHORIZATION :

COST LIMIT : \$ 87.50

ORDER DATE : February 19, 2024

ORDER TIME : 2:03 PM

ORDER NO. : 324320-100

CUSTOMER NO: 8323810

2024 FEB 27 AM 10:19  
CLERK OF STATE  
TALLAHASSEE, FL  
CED

CHANGE OF AGENT

NAME: STRIKE ZONE FISHING, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland-sorenson -- EXT#

EXAMINER: \_\_\_\_\_

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Strike Zone Fishing, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** M14000003214

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:

RESIGNATIONS DEPARTMENT

Name of Person

CORPORATION SERVICE COMPANY

Name of Firm/Company

251 LITTLE FALLS DRIVE

Address

WILMINGTON, DE 19808

City/State and Zip Code

ANNUALREPORTS@CSCGLOBAL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RESIGNATION DEPT                      800                      927-9801  
Name of Person                      at (                      )  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

2024 FEB 27 AM 10:19  
DEPT OF STATE  
TALLAHASSEE, FL  
LED

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

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

CORPORATION SERVICE COMPANY

\_\_\_\_\_  
Name of Registered Agent

, hereby resigns as

Registered Agent for Strike Zone Fishing, LLC

\_\_\_\_\_  
Name of Limited Liability Company

M14000003214

\_\_\_\_\_  
Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

Alexxis Weiland-Sorenson, A/P

\_\_\_\_\_  
Signature of Resigning Agent

If signing on behalf of an entity:

BY ALEXKIS WEILAND-SORENSEN

\_\_\_\_\_  
Typed or Printed Name

VICE PRESIDENT

\_\_\_\_\_  
Capacity

REC'D 10/27 AM 10:19  
CLERK OF STATE  
TALLAHASSEE, FL  
ED

### **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