

M 19 **Florida Department of State**  
 Division of Corporations  
 Electronic Filing Cover Sheet 3090

**Note:** Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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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: \_\_\_\_\_

2022 FEB -9 AM 8:58

22 FEB -9 AM 8:58

**LLC REGISTERED AGENT RESIGNATION  
 FLORIDA FALCON, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$85.00

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: FLORIDA FALCON, LLC  
Name of Limited Liability Company

DOCUMENT NUMBER: M19000003090

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:

Amanda Archambault  
Name of Person

Incorporating Services, Ltd.  
Name of Firm/Company

3500 S DuPont Highway  
Address

Dover, DE 19901  
City/State and Zip Code

aarchambault@incserv.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Amanda Archambault at (302) 531-0712  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,  
Incorporating Services, Ltd. \_\_\_\_\_, hereby resigns as

Name of Registered Agent

Registered Agent for FLORIDA FALCON, LLC

Name of Limited Liability Company

M19000003090

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.

Amanda Archambault  
Signature of Resigning Agent

If signing on behalf of an entity:

Amanda Archambault

Typed or Printed Name

Assistant Secretary

Capacity

**FILING FEES:**

- \$ 85.00 Active limited liability company
- \$ 25.00 Administratively dissolved/ voluntarily dissolved/  
withdrawn limited liability company

22 FEB -9 PM 09:21

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