MIA COCCO 7522

(Re	equestor's Name)		
(Ad	idress)	_	
(Ac	ldress)		
(Cit	ty/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificates	s of Status	
Special Instructions to Filing Officer:			
Q. SILAS			
MAR 0 4 2022			

Office Use Only



400382353684

02/29/22--01020--098 ++25.00



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

Pursuant to the provision	ons of section 605.0115, Florida Statutes, the undersigned,	
Capito	ol Corporate Services, Inc. hereby res	signs as
	Name of Registered Agent	
Registered Agent for	ISLAND PEAK GROUP, LLC	
<u> </u>	Name of the Limited Liability Company	
	00007522 umber, if known	
A copy of this resignation	on was mailed to the above listed limited liability company a	t its last known address.
The agency is terminate	ed and the office discontinued on the 31st day after the date o	n which this statement is filed
	Signature of Resigning Agent	
If signing on behalf of a		
	Yvette Cleveland	
	Typed or Printed Name	
	Assistant Secretary	
	Capacity	

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

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

FILING FEES: