# 116000 231851

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(		
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	<u> </u>
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



200338657572

01/08/20--01038--028 \*\*25.08

20 JAN -6 AMII: 30 SECREPARY OF STATE FALL ANASSEE FLORIDA

T SCHOOLDER

#### **COVER LETTER**

SUBJECT: Name of Limited Liability	Company
DOCUMENT NUMBER: L16000231851	
The enclosed Resignation of Registered Agent for a Limited for filing.	I Liability Company and fee are submit
Please return all correspondence concerning this matter to the	ne following:
United States Corporation Agents, Inc.	
Name of Person	•
Legalzoom.com, Inc.	
Name of Firm/Company	•
101 North Brand Blvd. 11th Floor	
Address	•
Glendale, CA 91203	
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:	
800	773-0888 x395
Name of Person at (at (	) 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited

### MAILING ADDRESS:

liability company.

Registration Section Division of Corporations

TO:

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 605.011	5. Florida Statutes, the unde	ersigned,			
United States Corporation Agents, Inc.		hereby resim	ereby resigns as			
Name of Registered Agent						
Registered Agent for _	Sloppy Mike's Fish	ing, LLC	<del> </del>			_
	Name of Lin	nited Liability Company	<del>-</del>			<u> </u>
L16000231851						
Document N	umber, if known					
A copy of this resignati	on was mailed to the a	above listed limited liability	company at its	s last known	addre	SS.
The agency is terminate	ed and the office disco	Signature of Resigning Agent	r the date on w	which this sta	itemen	it is filed
If signing on behalf of a	an entity:			星系	20	
Cheyenne Moseley			200	JAN	<b>~</b>	
	T	yped or Printed Name	<del></del>	<u> </u>	ı	FILE
Asst. Secretary for United States Corporation Agents, Inc.		gents, Inc.		σ		
		Capacity			AM II: 30	D
	FILING \$ 85.00 \$ 25.00	FEFS: Active limited liability c Administratively dissolv withdrawn limited liabil	ed/ voluntarily	do Fridado	õ	

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