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(((H230000655743)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INCORPORATING SERVICES, LTD.

Account Number : 120050000052 Phone : (850)656-7956 Fax Number : (850)656-7953

Enter the email address for this business entity to be used for future ${\mathbb R}^{2n}$ annual report mailings. Enter only one email address please.**

Email Address:

LLC REGISTERED AGENT RESIGNATION LTG SPORTS TURF ONE LLC

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Holf. LEMIEUX MAR 28 2023

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TO: Registration Section Division of Corporations

Incorporating Servic

SUBJECT:	
Name of Limited Liability	Company
DOCUMENT NUMBER: <u>L17000213936</u>	
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee are submitted
Please return all correspondence concerning this matter to th	e following:
Westley Look	
Name of Person	
Incorporating Services, Ltd.	
Name of Firm/Company	
3500 S DuPont Highway	
Address	
Dover, DE 19901	
City/State and Zip Code	
wlook@incserv.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Westley Look at (302 Area Code	531-0703 Daytime Telephone Number
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

INHS17 (2/14)

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STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

		undersigned,	
Incorporating Services, Ltd.		, hereby resigns as	
	egistered Agent		
Registered Agent for LTG SPO	RTS TURF ONE LLC		
	Name of Limited Liability Company		,
L17000213936			
Document Number, if kno	own		
The agency is terminated and the	office discontinued on the 31st day	after the date on which this statem	ent is filed.
If signing on behalf of an entity:	Signature of Resigning A	gent .	
If signing on behalf of an entity:	Signature of Resigning A	utt.	
If signing on behalf of an entity:	Signature of Resigning A	gent &	~>
If signing on behalf of an entity:	Signature of Resigning A	gent .	2023 H17

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