L04000056710

(R	Requestor's Name)	<u> </u>
		,
(A	Address)	
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(0	ity/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(B	Business Entity Na	me)
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Certified Copies	Certificate:	s of Status
Special Instructions to	o Filing Officer:	
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Lorlos oppositions

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Sky Development Group LLC (Name of Limited Liability Company)
DOCUMENT NUMBER: L04000056710
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:
Natalia Wolf (Name of Person)
Sky Development Group LLC (Name of Firm/Company)
3137 NE 163rd Street (Address)
North Mimai Beach, FL 33160 (City/State and Zip Code)
For further information concerning this matter, please call:
Natalia Wolf (Name of Person) at (305) 940-2727 (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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limite liability company.
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tollaborer FL 32314 Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tollaborer FL 32314

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisi	ions of section 608.416(2) or 608.509, Florida Statutes, the	undersigned,
Victor Wolf , hereby resigns as		
	(Name of Registered Agent)	,
Registered Agent for	Sky Development Group LLC	
	(Name of Limited Liability Company)	 •
L04000056710		
(Document Nu	umber, if known)	
A copy of this resigna	tion was mailed to the above listed limited liability compar	ny at its last known address.
The agency is termina	ted and the office discontinued on the 31st day after the da	te on which this statement is filed.
If signing on behalf of	an entity:	T C 30 SECRETAR ALL AHASS
	(Typed or Printed Name)	SSEE TO BE
	(Capacity)	9: 57 STATE

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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