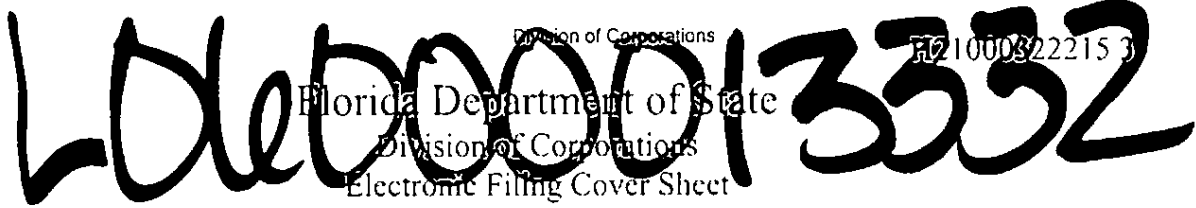


8/27/2021



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.

(((H21000322215 3)))



H210003222153ABCS

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : ROGERS, TOWERS, BAILEY, ET AL
Account Number : 076666002273
Phone : (904)398-3911
Fax Number : (904)396-0663

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

jcassell@rtlaw.com

Email Address: _____

FILED
2021 AUG 27 AM 8:26
TALLAHASSEE, FLORIDA

**LLC REGISTERED AGENT RESIGNATION
SAFE HARBOR LAND COMPANY, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

AUG 30 2021
S. PRATHER

2021 AUG 27 PM 4:14
TALLAHASSEE, FLORIDA

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H21000322215 3

COVER LETTER

H21000322215 3

TO: Registration Section
Division of Corporations

SUBJECT: Safe Harbor Land Company, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L06000013332

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:

H. Joseph O'Shields

Name of Person

Rogers Towers, P.A.

Name of Firm/Company

1301 Riverplace Blvd. Suite 1500

Address

Jacksonville, Florida 32207

City/State and Zip Code

joshields@rtlaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

H. Joseph O'Shields

Name of Person

at (904)

Area Code

673-1692

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

H21000322215 3

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

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

H. Joseph O'Shields _____, hereby resigns as

Name of Registered Agent

Registered Agent for Safe Harbor Land Company, LLC

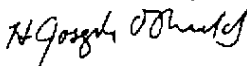
Name of Limited Liability Company

1.06000013332

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.



Signature of Resigning Agent

If signing on behalf of an entity:

H. Joseph O'Shields

Typed or Printed Name

Officer/Registered Agent

Capacity

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

2021 AUG 27 AM 8:27
TALLAHASSEE, FL 32314
FILED