

((H23000333316 3))



H230003333163ARCV

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 : NICI LAW FIRM, P.L.
Account Number : 120110000005
Phone : (239)449-6150
Fax Number : (877)646-0560

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

Email Address: _____

LLC REGISTERED AGENT RESIGNATION
MARINA MIKE'S, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$85.00

RECEIVED

SEP 21 PM 2:53

DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

SEP 21 PM 1:04

SEP 22 2023

11:11 AM

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

JAMES R. NICI, ESQ.

, hereby resigns as

Name of Registered Agent

Registered Agent for MARINA MIKE'S, LLC

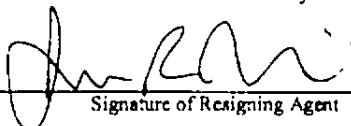
Name of Limited Liability Company

L06000020419

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:

Typed or Printed Name

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withdrawn limited liability company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

2023 SEP 21 PM 1:04