

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
WMills
0 0
Office Use Only



08/28/24--01014--014 **2525.00

COVER LETTER

SUBJECT: NOTTINGHAM CAPITA	Name of Limite	ed Liability	Company
DOCUMENT NUMBER: L08000	028394		
The enclosed Resignation of Regis for filing.	stered Agent for	r a Limitec	d Liability Company and fee are submitte
Please return all correspondence co	oncerning this i	matter to th	he following:
JEFFREY A. DEUTCH			
Name of Pers	son		-
Nelson Mullins Riley & Scarborough LL	.P		
Name of Firm/Co	ompany		-
1905 NW Corporate Boulevard, Suite 31	0		
Address			-
Boca Raton, FL 33431			
City/State and Zi	p Code		-
jeffrey.deutch@nelsonmullins.com			
E-mail address: (to be used for futu	re annual report no	otification)	-
For further information concerning	g this matter, pl	ease call;	
Jeffrey A. Deutch	at (561	343-6960
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Registration Section Division of Corporations

TO:

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

INHS17 (2/14)

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisi	ons of section 605.0115, Florida Statute	s, the undersigned.
Jeffrey A. Deutch P.A.		, hereby resigns as
	Name of Registered Agent	(ox) young it us
Registered Agent for	NOTTINGHAM CAPITAL, LLC	
	Name of Limited Liability Comp	any
1.08000028394		ì
Document Number, if known		
_		ed liability company at its last known address.
The agency is termina	ted and the office discontinued on the 3	1st day after the date on which this statement is file
	Signature of Resi	vaing Avent
lf signing on behalf of	an entity:	· · · · · · · · · · · · · · · · · · ·
	Jeffrey A. Deutch	
	Typed or Printed Nan	ne
	President	
	Capacity	

FILING FEES:

Active limited liability company
Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company \$ 85.00 \$ 25.00

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