

LO8000083651

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

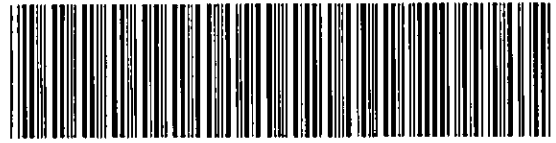
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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RA Resignation

JUL 10 2023

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: New Wave Kiteboarding "LLC"
Name of Limited Liability Company

DOCUMENT NUMBER: L08000083651

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:

Mark Cafero
Name of Person

Fluid Global LLC
Name of Firm/Company

1731 SE 15th St Apt 205
Address

Fort Lauderdale, FL 33316
City/State and Zip Code

info@fluidglobal.co
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mark Cafero at (914) 806-3841
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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SECRETARY RECEIVED

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

Jeremy Lund _____, hereby resigns as

Name of Registered Agent

Registered Agent for New Wave Kiteboarding "LLC"

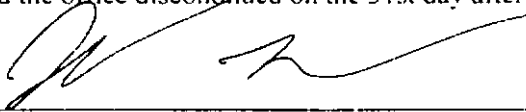
Name of Limited Liability Company

L08000083651

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:

Jeremy Lund

Typed or Printed Name
Owner

Capacity

FILING FEES:

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withdrawn limited liability company

FILED
2023 APR 12 PM 2:26
SECRETARY OF STATE
TALLAHASSEE, FL

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