## L09000C37898

| (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: |  |  |  |
|   |  |  |  |
|   |  |  |  |
|   |  |  |  |

Office Use Only



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## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 + Tallahassee, Florida 32301 (850) 224-8870 + 1-800-342-8062 + Fax (850) 222-1222

| WINTER HAVEN D       | OWNTOWN PARTNER           | S LLC                          |
|----------------------|---------------------------|--------------------------------|
| Please Debit FCA0000 | 000003 For: <sup>25</sup> |                                |
| The above Cash Needs |                           |                                |
| Thank you Seth Neele | <u>y</u>                  |                                |
| Atte/                |                           | Art of Inc. File               |
|                      | ,                         | LTO Partnership File           |
|                      |                           | Foreign Corp. File             |
|                      |                           | L.C. File                      |
|                      |                           | Fictitious Name File           |
|                      |                           | Trade/Service Mark             |
|                      |                           | Merger File                    |
|                      |                           | Art, of Amend, File            |
|                      |                           | RA Resignation                 |
|                      |                           | Dissolution / Withdrawal       |
|                      |                           | Annual Report / Reinstatement  |
|                      |                           | Сеп. Сору                      |
|                      |                           | Photo Copy                     |
|                      |                           | Certificate of Good Standing   |
|                      |                           | Certificate of Status          |
|                      |                           | Certificate of Fictitious Name |
|                      |                           | Corp Record Search             |
| Signature            |                           | Officer Search                 |
|                      |                           | Fictitious Search              |
|                      |                           | Fictitions Owner Search        |
|                      |                           | Vehicle Search                 |
|                      |                           | Driving Record                 |
| Requested by:        |                           | UCC 1 or 3 File                |
|                      |                           | UCC 11 Search                  |
| Name                 | Date Time                 | UCC II Reineval                |
| Walk-In              | Will Pick Up              | Courier                        |



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

| Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned.   |
|--|
| Your CApital Connection Incorporations as  |
| Marne of Registered Agent  |
| Registered Agent for WINTER HAVEN DOWNTOWN.  |
| PARTNERS UC  |
| Name of Limited Liability Company  |
| L090000 37898  |
| 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.  |
| The agency is terminated and the circle displantation of t |
| 1 - n N 1 1/2 1 /  |
| ( ) millar I color   |
| Signature of Resigning Agent   |
| If signing on behalf of an entity:   |
| YOUR CAPITAL CONVICCTION INC.  |
| Typed or Printed Name  |
| Capacity/  |
|  |
|  |

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

Active limited liability company
Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company

FIL<u>ING FEES:</u>

\$ 85.00