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.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INCORP SERVICES INC

Account Number : I20120000007 Phone : (702)866-2500 Fax Number : (702)900-2290

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

Email Address: documents@incorp.com

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## LLC REGISTERED AGENT RESIGNATION TRITON HARBOUR, LLC

| Certificate of Status | 0       |
|-----------------------|---------|
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#### **COVER LETTER**

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| T(): | Registration Section     |
|------|--------------------------|
|      | Division of Corporations |
|      |                          |

| TRITON HARBOUR, LLC<br>SUBJECT:  |   |
|--|---|
| Name of Limited Liability  | Company                                 |
| DOCUMENT NUMBER: L10000055880  |   |
| The enclosed Resignation of Registered Agent for a Limited for filing. | Liability Company and fee are submitted |
| Please return all correspondence concerning this matter to th          | e following:                            |
| Karen Gibson   |   |
| Name of Person   |   |
| InCorp Services, Inc.  |   |
| Name of Firm/Company   |   |
| 3773 Howard Hughes Parkway, Ste. 500s                                  |   |
| Address  |   |
| Las Vegas, NV 89169  |   |
| City/State and Zip Code  |   |
| documents@incorp.com   |   |
| E-mail address: (to be used for future annual report notification)     |   |
| For further information concerning this matter, please call:           |   |
| Karen Gibson for InCorp Services, Inc. 702                             | 866-2500                                |
| 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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Date: 4/11/2022 10:54:36 AM

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

| Pursuant to the provisions of section 605. | 0115, Florida Statutes, the unde   | ersigned,                    |            |           |
|--|--|------------------------------|------------|-----------|
| InCorp Services, Inc.                      |  | , hereby resigns as          |            |           |
| Name of Registered                         | Agent  |                              |            |           |
| Registered Agent for                       |  |                              |            |           |
| TRITON HARBOUR, LLC                        |  |                              |            |           |
| Name of                                    | Limited Liability Company  |                              |            |           |
| L10000055880                               |  |                              |            |           |
| 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 d  | iscontinued on the 31st day after  | er the date on which this st | atement    | is filed. |
| Railu                                      | Signature of Resigning Agent   |                              |            |           |
|  | Signature of recorpting region   |                              |            |           |
| If signing on behalf of an entity:         |  | ميسه                         |            |           |
| Karen Gibson                               | for InCorp Services, Inc.  | ZE SK                        | 202;       |           |
|  | Typed or Printed Name  |                              | 2022 APR 1 |           |
| Authorized Re                              | epresentative  |                              | ž          | ₹,        |
|  | Capacity   | 다.<br>연구<br>대학               | _          | FILED     |
| FIL.1<br>\$ 85.<br>\$ 25.                  | NG FEES:  00 Active limited liability of Administratively dissolve withdrawn limited liabi | ved/ voluntarily dissolved/  | AM 10: 57  | D         |

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

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