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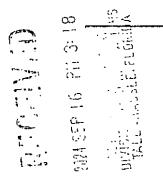
From:

Account Name : FRANK, WEINBERG, BLACK, P.L.

Account Number : I20040000083 Phone : (954)474-8000 Fax Number : (954)474-9858

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## LLC REGISTERED AGENT RESIGNATION OPERATIONROI, LLC

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K. SALY

SEP 1 7 2024

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

Pursuant to the provision	s of section 605,011	5, Florida Statutes, the undersigned,
	Gerard Cuoz	to hereby resigns es
	Name of Registered Ag	, nereby resigns as
Registered Agent for	0	PERATION ROLLLC
	Name of Lin	ulted Liability Company
L11000073	814	
Document Nur	nber, 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 disco	entimed on the 31st day after the date on which this statement is filed.
if signing on behalf of an		Signature of Resigning Agent  yped or Printed Name  Capacity
	1	yped or Printed Name
•		
	FU ING \$ 85.00 \$ 25.00	FEES: Active limited liability company Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company
	Make checks payal	ble to Florida Department of State and mail to: Division of Corporations P.O. Box 6327 Tallabassee, FL 32314
INHS17 (2/14)		

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