## LIH 0000 42707

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Ви	usiness Entity Na	me)
(Do	ocument Number	)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
<u> </u>		

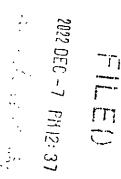
Office Use Only

A. RIVERS FEB 2 4 2023



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## LIGHTSEY & ASSOCIATES, P.A.,

222 W. COMSTOCK AVE. SUITE 200 WINTER PARK, FLORIDA 32789 Telephone: (407) 622.0025 marcy@fightseylaw.com

To:

Division of Corporations

From:

Marcy Kast

Date:

December 5, 2022

Re:

Change of Registered Agent/Registered Office

Enclosed is our firm check in the amount of \$390.00 which represents your fees for filing the following six (6) Statements of Resignation of Registered Agent for a Limited Liability Company.

- 1. Tripson, LLC (dissolved) \$25.00
- 2. Lake County Dreamcatcher, LLC (dissolved) \$25.00
- 3. Sagacious Capital, LLC \$85.00
- 4. Thakrar Investments LLC \$85.00
- 5. Lady Grey Charters, LLC \$85.00
- 6. Gate Way 4302, LLC \$85.00

Please contact me if you have any questions.

Via Federal Express: Florida Department of State Division of Corporations 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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

Pursuant to the provision	ns of section 605.011	5, Florida Statutes, the under	rsigned,			
LIGHTSEY & ASSOCIATES, P.A.  Name of Registered Agent			, hereby resigns as			
		ent				
Registered Agent for SA	GACIOUS CAPITAL	., LLC				
	Name of Lin	nited Liability Company			,	
L14000042707						
Document Nu	mber, if known	<del></del>				
A copy of this resignation	on was mailed to the	above listed limited liability	company at its last k	nown ad	dress.	
If signing on behalf of a		ontinued on the 31st day after Signsture of Resigning Agent		ms staten	nent is i	neu.
ii signing on ochan or a	-	77.7				
	ALTON L. LIGHTS					
	PRESIDENT	Typed or Printed Name		-1	~>	
	PRESIDENT	Capacity		· <u>*</u> (*	022 DE	<del></del>
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability co Administratively dissolve withdrawn limited liabili	ompany ed/ voluntarily disso ity company	lved/ a	2022 DEC -7 PH 12: 31	

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

INHS17 (2/14)