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(City/	State/Zip/Phone	e #)	
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## Resignation of Registered Agent for a Limited Liability Company

Capitol Corporate Services, Inc.

PO Box 1831 Austin, TX 78757

Phone: (800) 345-4647 Fax: (800) 432-3622

regagent@capitolservices.com

Secretary of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 DATE: STATE:

2/27/2024 FLORIDA

REP UNIT:

DELTA 1 SOUTH, LLC

Enclosed for filing please find a Resignation of Registered Agent for a Limited Liability Company for the above referenced name, which is to be filed in your office. Enclosed is check # 33954 in the amount of \$25.00 for the filing fee. After filing, please return the file-stamped copy in the enclosed self-addressed envelope. If you have any questions please call (800) 345–4647 and ask for the Registered Agent Department.

Please return file-stamped copy to the following address:

Capitol Corporate Services, Inc. PO Box 1831
Austin, TX 78767



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

Pursuant to the provisions of se	ection 605.0115, Florida Statutes, the undersigned,	
Capitol Corp	porate Services, Inc. , hereby resigns	as
Name o	f Registered Agent	
Registered Agent for	DELTA 1 SOUTH, LLC	
<u> </u>	Name of the Limited Liability Company	
L14000159 Document Number, if	· · · · · · · · · · · · · · · · · · ·	
A copy of this resignation was	mailed to the above listed limited liability company at its la	est known address.
The agency is terminated and the	he office discontinued on the 31st day after the date on whi	ch this statement is filed.
	Signature of Resigning Agent	
If signing on behalf of an entity	<del>.</del>	
	Yvette Cleveland	•
	Typed or Printed Name	
	Assistant Secretary	-
	Capacity	• • • • • • • • • • • • • • • • • • • •

FILING FEES:

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

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