L1400016061

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
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Resignation of Registered Agent for a Limited Liability Company

Capitol Corporate Services, Inc.

PO Box 1831 Austin, TX 78767

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 WEST, 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 # 33955 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 section 605.0115, Florida Statutes, the undersigned,	
Capitol (Corporate Services, Inc. , hereby re	signs as
N	ame of Registered Agent	
Registered Agent for	DELTA 1 WEST, LLC	
	Name of the Limited Liability Company	
L14000 Document Numb		- N
A copy of this resignation	was mailed to the above listed limited liability company a	it its last known address.
The agency is terminated a	and the office discontinued on the 31st day after the date of Significant of Resigning Agent	on which this statement is filed.
If signing on behalf of an	entity:	
_	Yvette Cleveland Typed or Printed Name	
-	Assistant Secretary Capacity	

FILING FEES:

Active limited liability company
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withdrawn limited liability company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