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(((H210002670573)))



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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CARLTON FIELDS Account Number : 076077000355 Phone : (813)223-7000 Fax Number : (813)229-4133

| **Enter the email address for this business entity to be used in juture annual report mailings. Enter only one email address pleaser** | 9.091 |
|--|-------|
| Email Address: | = |
| <u> </u> | - |

LLC REGISTERED AGENT RESIGNATION JUST-BOAT SERVICES LLC

| Certificate of Status | 0 |
|-----------------------|---------|
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STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

| Pursuant to the provision | ns of section 605.011 | 15, Florida Statutes, the un- | dersigned, | | | |
|----------------------------|--------------------------------|--|-------------------------------------|-----------|----------------------|------------|
| CF RE | GISTERED AGEN | T, INC | , hereby resigns | ac | | |
| | Name of Registered Age | ent | , nereby realigns | 4.5 | | |
| Registered Agent for | JUST-BOAT SE | RVICES LLC | | | | _ |
| | Name of Lin | nited Liability Company | | | | <u>_</u> ; |
| L1500003974 | 6 | | | | | |
| Document Nu | nber, if known | | | | | |
| A copy of this resignatio | n was mailed to the a | above listed limited liabili | ty company at its la | ast known | addres | 5. |
| If signing on behalf of ar | JOY | Signature of Resigning Agen YCE F.BENTUBC Typed or Printed Nume ECTOR/SECRETARY Capacity | ntulei | | | |
| 1NHS17 (2/14) | FILING \$ 85,00 \$ 25.00 | FEES: Active limited liability Administratively dissol withdrawn limited liab ble to Florida Department of Division of Corporations P.O. Box 63:7 Tallahassee, FL 32314 | ved/voluntarily di ility company | LAHASS | 2021 JUL 12 AM 8: 45 | FILED |

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