L15000064062

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COVER LETTER

SUBJECT: Forgotten Coast Divers, LLC Name of Limited Liability	Company
DOCUMENT NUMBER: L15000064062	
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	ne following:
United States Corporation Agents, Inc.	
Name of Person	
Legalzoom.com, Inc.	
Name of Firm/Company	
101 North Brand Blvd. 11th Floor	
Address	
Glendale, CA 91203	
City/State and Zip Code	
raresignations@legalzoom.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
at (773-0888
Name of Person Area Code	Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:

TO: Registration Section Division of Corporations

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ons of section 605.0115. Florida Statutes, the un	ndersigned.	
United States Corporation Agents, Inc. Name of Registered Agent		hereby resigns as	
	Name of Limited Liability Company	·	
L15000064062			
Document N	umber, if known		
A copy of this resignati	on was mailed to the above listed limited liabil	ity company at its last known address.	
The agency is terminate	ed and the office discontinued on the 31st day a		
If signing on behalf of a	an entity:	202	
Cheyenne Moseley		2021 HAR -	
Typed or Printed Name			
Asst. Secretary for United States Corporation A		Agents, Inc.	
	Capacity	PH 3: 00	
	FILING FEES:		
	\$ 85.00 Active limited liability \$ 25.00 Administratively dissorbation withdrawn limited liability	y company blved/ voluntarily dissolved/ bility company	

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