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## Division of Corporations

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : INCORP SERVICES INC

Account Number : IZ0120000007

Fax Number

Phone : (702)866-2500 : (702)866-2689

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

## LLC REGISTERED AGENT RESIGNATION NOSKEE INVESTMENT PARTNERS, LLC.

Certificate of Status	0
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Page Count	03
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## **COVER LETTER**

TO: Registration Section Division of Corporations	•	
SUBJECT: NOSKEE INVESTMENT PART		
	ted Liability Company	
DOCUMENT NUMBER: L15000134200	)	
The enclosed Resignation of Registered Agent for filing.	or a Limited Liability Company and fee are submitted	
Please return all correspondence concerning this	matter to the following:	
Wendy Hefley		
Name of Person	· · · · · · · · · · · · · · · · · · ·	
Incorp Services, Inc.		
Name of Firm/Company	<del></del>	
3773 Howard Hughes Parkway, Suite 500S		
Address		
Las Vegas, NV 89169-6014		
City/State and Zip Code	•	
processing@incorp.com		
E-mail address: (to be used for future annual report n	otification)	
For further information concerning this matter, p	lease call:	
Incorp Services, Inc./Wendy Hefley	702 866-2500 ext 6904 Area Code Daytime Telephone Number	
Name of Person	Area Code Daytime Telephone Number	
Enclosed is a check made payable to the Florida liability company or \$25.00 for an administrative liability company.	Department of State for \$85.00 for an active limited ly dissolved, voluntarily dissolved or withdrawn limited	
MAILING ADDRESS:	STREET ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
P.O. Box 6327	Clifton Building	
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301	

INHS17 (2/14)

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

Pursuant to the provi	sions of section 605.0115, Florida Statutes, the undersign	ed,
Incorp Services	, Inc.	eby resigns as
	Name of Registered Agent	J . B
Registered Agent for	NOSKEE INVESTMENT PARTNERS, LLC.	· · · · · · · · · · · · · · · · · · ·
	Name of Limited Liability Company	<b>,</b>
L15000134200		
Documen	t Number, if known	
	ation was mailed to the above listed limited liability compated and the office discontinued at the 31st day after the Sightney of Resigning Agent	date on which this statement is filed.
If signing on behalf o	of an entity:	2019 HAR
	Wendy Hefley for Incorp Services, Inc.	
	Typed or Printed Name	<u> </u>
• •	Authorized Representative	<i>်</i> ႏို <b>ာ</b> ကြာ
	Capacity	AM 9: 48 SEE: FL

\$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