## L15000143051

(Re	equestor's Name)	
(Ad	ddress)	
(Ad	ddress)	
(Ci	ty/State/Zip/Phone #)	
DIGK UD	C MAIT	
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Name)	
(Di	ocument Number)	
Certified Copies	Certificates of	of Status
Special Instructions to Fili	no Officer:	
Special instructions to File	ng Officer.	HORNE 13 2023
	υ.	40p.
	JUA	, THE
	<b>υ</b> /γ	13 2
		(023
		•
		1
		J

Office Use Only



600409862956

2023 JUH 12 AM II: 32 SECRETARY TALLARASSE:

GD



## FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 6/12/2023

NAME: SH OTC, LLC

TYPE OF FILING: RESIGNATION OF REGISTERED AGENT

COST: 85.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

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

Pursuant to the provis	ions of section 605.0115, Florida Statutes, the un	dersigned,	
B&C CORPORATE SERVICES OF CENTRAL FLORIDA  Name of Registered Agent		, hereby resigns as	ET 2023 JUN SECRETI
		, nereby resigns as	
Registered Agent for SH OTC, LLC			
	Name of Limited Liability Company		
L15000143051			ယ က က
Document	Number, if known		92
A copy of this resigna	tion was mailed to the above listed limited liabili	ty company at its last kn	nown address.
The agency is termina	ted and the office discontinued on the 31st day at	fter the date on which th	nis statement is filed.
	Fanice Chasey		
	Signature of Resigning Agen	ι	
If signing on behalf of	an entity:		
	Janice Chasey		
	Typed or Printed Name	<del></del>	
	VP of B&C Corporate Services of Central Florid	a, Inc.	
	Capacity		

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company