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(Requestor's Name)		
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Certified Copies Certificates of Status		of Status
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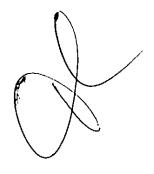
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COVER LETTER

Atlantic To Pacific Structured Law LLC **SUBJECT:** Name of Limited Liability Company DOCUMENT NUMBER: L15000199997 The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Jerald C. Cantor Name of Person Phillips Law P.A. Name of Firm/Company 4000 Hollywood Blvd., Suite 500 N Address Hollywood, FL 33021 City/State and Zip Code jcantor@phillipslawyers.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Jerald C. Cantor Area Code Daytime Telephone Number Name of Person

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

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

Registration Section Division of Corporations

TO:

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions o	f section 605.0115, Florida Statutes, the undersigned,	
Jerald C. Cantor , hereby resigns as		
	me of Registered Agent	osigna da
Registered Agent for Atlant	ic to Pacific Structured Law LLC	
	Name of Limited Liability Company	·
L15000199997		
Document Numbe	r, if known	
-	as mailed to the above listed limited liability company	
The agency is terminated an	d the office discontinued on the 31st day after the date of	on which this statement is filed
	Signature of Resigning Agent	
If signing on behalf of an er	itity:	2023 FEB 22 SEVIL SAR
	Typed or Printed Name	FEB 22 AM IO: LLAHASSEE,
	Capacity	AM ID: 12 OF STATE SSEE, FL

FILING FEES:
\$ 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