· L16000094335

(Reques	stor's Name)		
(Addres	s)		
(Addres	s)		
(City/Sta	ate/Zip/Phone #)	-	
PICK-UP	WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	Certificates of	Status	
Special Instructions to Filing Officer:			

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WILEY COYOTE MARINE SERVICES, LLC	0
Name of Limited Liability	Company
DOCUMENT NUMBER: L16000094335	
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	
9900 Spectrum Dr.	
Address	
Austin, TX 78717	
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:	
800 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

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 unde	rsigned.	
United States Corp	oration Agents, Inc.	, hereby resigns as	
Name of Registered Agent		Thereby resigns as	
Registered Agent for V	VILEY COYOTE MARINE SERVICES, LI	LC	
	Name of Limited Liability Company	,	
L16000094335			
Document No	amber, if known		
A copy of this resignation	on was mailed to the above listed limited liability	company at its last known address.	
The agency is terminate	d and the office discontinued on the 31st day after	r the date on which this statement is filed.	
	Signature of Resigning Agent	2022 J ::	
If signing on behalf of an entity:		<u>;</u>	
	Cheyenne Moseley		
	Typed or Printed Name		
	Asst. Secretary for United States Corporation Age	()	
	Capacity		

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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