

L16000121607

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

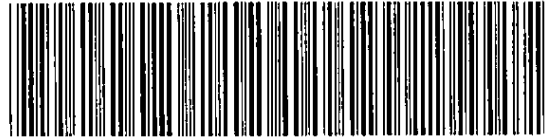
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800430636948

LLC RA Resignation

FILED
2024 AUG 14 PM 12:34
CLERK OF SUPERIOR COURT
HASTINGS, MINN.

RECEIVED
2024 AUG 14 PM 1:51
CLERK OF SUPERIOR COURT
HASTINGS, MINN.

AUG 15 2024
A RAMSEY

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: 8/14/2024

NAME: Nacarato N753A LLC

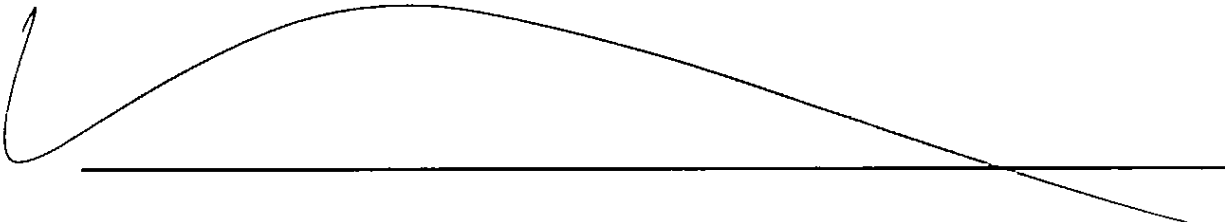
TYPE OF FILING: RESIGNATION

COST: 85.00

RETURN: PLAIN COPIES

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE



STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

FILED
2024 AUG 14 PM 12:34
STATE OF FLORIDA
DIVISION OF CORPORATIONS

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Florida Filing & Search Services, Inc

, hereby resigns as

Name of Registered Agent

Registered Agent for

Nacarato N753A, LLC

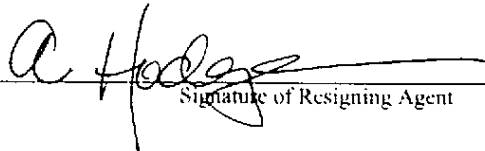
Name of Limited Liability Company

L16000121607

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.


Signature of Resigning Agent

If signing on behalf of an entity:

Abbie Hodge

Typed or Printed Name

Senior Vice President

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withdrawn limited liability company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