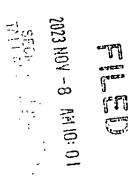
# L16000168498

(Re	equestor's Name)	-
(Ac	ddress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	e)
(Do	ocument Number)	<u> </u>
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer	
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V	Office Use Only	,



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### **COVER LETTER**

SUBJECT: Sky Optics, LLC Name of Limited Liability Company DOCUMENT NUMBER: L16000168498 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: 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: 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited

#### MAILING ADDRESS:

liability company.

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

TO:

Registration Section Division of Corporations

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

Pursuant to the provision	s of section 605.0115, I	Florida Statutes, the unders	igned,		
United States Corporation Agents, Inc. , hereby re		hereby resigns as	inne ae		
		<u> </u>	thereby resigns as		
Registered Agent for Sk	y Optics, LLC				_
	Name of Limited	d Liability Company			٠.
L16000168498					
Document Nur	nber, if known	_			
A copy of this resignation	n was mailed to the abo	ve listed limited liability co	ompany at its last	known address.	
the agency is terminated		nued on the 31st day after to	ne date on which	this statement is	s med.
If signing on behalf of an	entity:			202 774	
Cheyenne Moseley			2023 NOV SECRETARY	< <b>≈</b> 1139	
	Туре	d or Printed Name		¥-8	namen Period II n
	Asst. Secretary for United States Corporation Agents, Inc.		nts, Inc.	1.	174.50
		Capacity		AH 10: 01	
	FILING FF \$ 85.00 A \$ 25.00 A	<u>CES:</u> Active limited liability con Administratively dissolved withdrawn limited liability	npany / voluntarily disso / company	olved/	

Make checks payable to Florida Department of State and mail to: Division of Corporations P.O. Box 6327

Tallahassee, FL 32314