L17000083074

(Requestor's Name)
(Address)
(1001033)
(Address)
(City/State/Zip/Phone #)
· ,,,,,,,,
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Chury Marile)
(Document Number)
Certified Copies Certificates of Status
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Special Instructions to Filing Officer:

Office Use Only



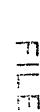
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06/07/19--01018--015 **5.00

05/03/19--01032--011 **20.00



D SCOTT
JUN 1 1 2019





FLORIDA DEPARTMENT OF STATE Division of Corporations

May 16, 2019

UNITED STATES CORPORATION AGENTS, INC. 9900 SPECTRUM DR AUSTIN, TX 78717

SUBJECT: CAPT. DAN REAL ESTATE, LLC

Ref. Number: L17000083074

We have received your document for CAPT. DAN REAL ESTATE, LLC and your check(s) totaling \$20.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

There is a balance due of \$5.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 219A00009922

Dionne M Scott Regulatory Specialist II

COVER LETTER

TO: Regist Divisi	tration Section on of Corporations					
SUBJECT:_	CAPT. DAN REAL ESTAT	TE, LLC				
	Name Γ NUMBER: ^{L170000830}					
					_	
The enclosed for filing.	Resignation of Registered /	Agent for a Limited	l Liability Company	and fee	are sub	omitted
Please return	all correspondence concerni	ing this matter to th	ne following:			
United State	es Corporation Agents, In	C.				
	Name of Person		-			
Legalzoom.	com, Inc.					
	Name of Firm/Company		-		31	
9900 Spectr	um Dr.			·	SH JUH-7 A	
	Address				ا دــ	
Austin, TX 7	8717			- · · · · · · · · · · · · · · · · · · ·	>	
	City/State and Zip Code				्र 26	
E-mail add	ress: (to be used for future annua	Freport notification)				
For further in	formation concerning this m	natter, please call:				
Kasandra Lu	und Name of Person	1 800	773-0888 x3951			
···	Name of Person	Area Code	Daytime Telephone	Number	<u> </u>	
Enclosed is a liability comp	check made payable to the I any or \$25.00 for an admini any.	Florida Department stratively dissolve	t of State for \$85.00 d. voluntarily dissolv	for an a red or w	ctive li ithdrav	mited vn limited

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 provis	tions of section 605,0115. Florida Statutes, the undersign	ed.	
United States Co.	rporation Agents, Inc.	eby resigns as	
	Name of Registered Agent	.co resigns as	
Registered Agent fo	CAPT. DAN REAL ESTATE, LLC	· •	23
		i.	
	Same of Limited Lability Company		
L17000083074		<u>:</u> . :.	> 77
Document	Number, if known		ر و
A copy of this resigna	tion was mailed to the above listed limited liability comp	any at its last know	्र vn क्विdress.
The agency is termina	ted and the office discontinued on the 31st day after the c	date on which this s	statement is filed
	is salare of Resigning Agent		
If signing on behalf or	an entity:		
	Cheyenne Moseley		
	Typed or Printed Name		
	Asst. Secretary for United States Corporation Agents.	Inc.	
	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, F1, 32314