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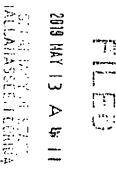
(Re	questor's Name)	<u> </u>
(Ad	dress)	
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(Cit	y/State/Zip/Phone	= #)
PICK-UP	☐ WAIT	MAIL
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COVER LETTER

SUBJECT: Name	of Limited Liability Company	
DOCUMENT NUMBER: L1700011	5643	
The enclosed Resignation of Registered A for filing.	Agent for a Limited Liability Company and fee are submitted	
Please return all correspondence concerni	ng this matter to the following:	
RESIGNATION DEPARTMENT		
Name of Person		
CORPORATION SERVICE COMPAN	IY	
Name of Firm/Company	······	
80 STATE STREET		
Address		
ALBANY NY 12207		
City/State and Zip Code		
RESIGN@CSCGLOBAL.COM		
E-mail address: (to be used for future annual	report notification)	
For further information concerning this m	atter, please call:	
RESIGNATION DEPARTMENT	518 433-7018	
Name of Person	at (518)433-7018 Area Code Daytime Telephone Number	
Enclosed is a check made payable to the Fliability company or \$25.00 for an administrability company.	Florida Department of State for \$85.00 for an active limited stratively dissolved, voluntarily dissolved or withdrawn limited	
MAILING ADDRESS:	STREET ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

P.O. Box 6327

Tallahassee, FL 32314

TO:

Registration Section Division of Corporations

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provis	tions of section 605.0115, Florida Statutes, th	ne undersigned,
CORPORATION	SERVICE COMPANY	, hereby resigns as
	Name of Registered Agent	, nereby resigns as
Registered Agent for	TROCA YACHTS MANAGEMENT	LLC
	Name of Limited Liability Company	,
L17000115643		
Document i	Number, if known	
A copy of this resignat	tion was mailed to the above listed limited lia	ability company at its last known address.
The agency is terminal	ted and the office discontinued on the 31st da	ay after the date on which this statement is filed.
	Robert McD Signature of Resigning	Agent
f signing on behalf of	an entity:	
	BY ROBIN MOLT	
	Typed or Printed Name	
ASST SECRETARY		
	Capacity	Dr. 0
	FILING FEES: \$ 85.00 Active limited liabi \$ 25.00 Administratively di withdrawn limited	ility company clarity dissolved/ liability company.

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314