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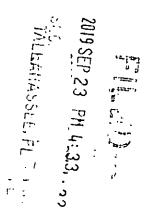
(Requestor's Name)	_
(Address)	-
(Address)	-
(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Document Number)	_
Certified Copies Certificates of Status	_
Special Instructions to Filing Officer:]

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COVER LETTER

SUBJECT: Name of Limited Liabilit	y Compan <u>y</u>
DOCUMENT NUMBER:	
The enclosed Resignation of Registered Agent for a Limite for filing.	d Liability Company and fee are submitted
Please return all correspondence concerning this matter to t	he following:
Name of Person	-
Exodus Holdings Group LLC	
Name of Firm/Company	-
1010 Park Ct. G Unit	
Address	_
Safety Harbor, FL 34695	
City/State and Zip Code	_
E-mail address: (to be used for future annual report notification)	_
For further information concerning this matter, please call:	
Name of Person at (_) Daytime Telephone Number

MAILING ADDRESS:

TO: Registration Section Division of Corporations

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 provisi	ions of section 605.011	5, Florida Statutes, the und	lersigned.		
Clearwater Busine	ess Law LLC		hander a salan		
	Name of Registered Age	mi	_ , hereby resign	is as	
Destance Library	Tackle Madness Ll				
Registered Agent for _					
	Name of Lin	nited Liability Company			
L17000181212					
Document	Number, if known				
A copy of this resigna	tion was mailed to the	above listed limited liabilit	y company at its	last known addi	ess.
The agency is termina	ted and the office disco	ontinued on the 31st day aft	er the date on w	hich this stateme	ent is filed.
		Signature of Resigning Agent			
If signing on behalf of	`an entity:				
	Andrew J. Mong	gelluzzi			
	MGR	Typed or Printed Name		2019 SEP 23	,
		Capacity		EP 23	4) 4)
	FILING	FEES:		PH 4	• • :
	\$ 85.00 \$ 25.00	Active limited liability (Administratively dissol- withdrawn limited liabi	company ved/voluntarily lity company	dissolved/ယ	ř

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