

L17000214197

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(City/State/Zip/Phone #)

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(Document Number)

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STATE OF MICHIGAN

R. HUNT

11/17/25

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DEEP BLUE HOLE, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L17000214197

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:

Robert Payne
Name of Person

INTERNATIONAL TAX CONSULTANTS, LLC
Name of Firm/Company

16000 Pines Blvd., #822282
Address

Pembroke Pines, FL 33082-2282
City/State and Zip Code

info@intl-tax.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert Payne at (954) 442-7861
Name of Person Area Code Daytime Telephone Number

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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OFFICE OF THE
CLERK OF THE
SUPREME COURT
OF FLORIDA

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

REGISTERED AGENTS, INC

Name of Registered Agent

, hereby resigns as

Registered Agent for DEEP BLUE HOLE, LLC

Name of Limited Liability Company

L17000214197

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:

David Roberts

Typed or Printed Name

Director

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withdrawn limited liability company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

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DIVISION OF STATE