# L17000230066

(Requestor's Name)
(Aequesions Harrie)
(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:

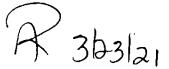
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2021 FEB -8 PH 1: 22



### **COVER LETTER**

SUBJECT:Caloosahatchee River Cha	arters, LLC
	of Limited Liability Company
DOCUMENT NUMBER: L170002300	<del></del>
The enclosed Resignation of Registered A for filing.	Agent for a Limited Liability Company and fee are submitt
Please return all correspondence concerni	ing this matter to the following:
United States Corporation Agents, Inc	C.
Name of Person	
Legalzoom.com, Inc.	
Name of Firm/Company	<del>,                                      </del>
101 North Brand Blvd. 11th Floor	
Address	
Glendale, CA 91203	
City/State and Zip Code	
raresignations@legalzoom.com	
E-mail address: (to be used for future annual	Il report notification)
For further information concerning this m	natter, please call:
	at ( 800 ) 773-0888   Area Code   Daytime Telephone Number
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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

Pursuant to the provisions	of section 605.011	5. Florida Statutes, the unders	igned,	
United States Corporation Agents, Inc.  Name of Registered Agent			_ , hereby resigns as	
	Name of Lim	ited Liability Company	<u> </u>	
L17000230066				
Document Numb	oer, if known	<del></del>		
			ompany at its last known address. the date on which this statement is filed.	
_		Signature of Resigning Agent		
If signing on behalf of an e	entity:			
(	Cheyenne Mose	ley		
_	Ţ	yped or Printed Name		
<u> </u>	Asst. Secretary for U	Inited States Corporation Age	nts, Inc.	
		Capacity	nts, Inc. 2021 FEE - 8	
	FILING		·1	
	\$ 85.00 \$ 25.00	Active limited liability cor Administratively dissolved withdrawn limited liability	apany // voluntarily dissolved/	

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