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Resignation of Registered Agent for a Limited Liability Company

Capitol Corporate Services, Inc.

PO Box 1831 Austin, TX 78767

Phone: (800) 345-4647 Fax: (800) 432-3622

regagent@capitolservices.com

Secretary of State **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

DATE: STATE:

11/28/2023 **FLORIDA**

REP UNIT:

SKIBIKE USA, LLC

Enclosed for filing please find a Resignation of Registered Agent for a Limited Liability Company for the above referenced name, which is to be filed in your office. Enclosed is check # 33698 in the amount of \$25.00 for the filing fee. After filing, please return the file-stamped copy in the enclosed self-addressed envelope. If you have any questions please call (800) 345-4647 and ask for the Registered Agent Department.

Please return file-stamped copy to the following address:

Capitol Corporate Services, Inc. PO Box 1831 Austin, TX 78767

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions	of section 605.0115, Florida Statutes, the undersigned,	
Capitol C	Corporate Services, Inc. , hereby resi	ens as
	ame of Registered Agent	5
Registered Agent for	SKIBIKE USA, LLC	
	Name of the Limited Liability Company	
L170002 Document Numb	**************************************	
A copy of this resignation	was mailed to the above listed limited liability company at	its last known address.
The agency is terminated a	and the office discontinued on the 31st day after the date on	which this statement is filed.
_	Signature of Resigning Agent	7923 DEC 12 SECRETAR TALLAHA
If signing on behalf of an e	entity:	
	Yvette Cleveland	~ _{
	Typed or Printed Name	SSE SSE
	Assistant Secretary	
	Capacity	프로 프

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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