1800018948

(Requestor's Name)			
(Address)			
(Address)			
(Cit	y/State/Zip/Phone	#)	
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
·	·		
(Document Number)			
Certified Copies	_ Certificates o	of Status	
Special instructions to	Filing Officer:		
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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Stamina Engineering, LLC	
Name of Limited Liability	Company
DOCUMENT NUMBER: L18000068948	
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	ne following:
United States Corporation Agents, Inc.	
Name of Person	
Legalzoom.com, Inc.	
Name of Firm/Company	
9900 Spectrum Dr.	
Address	
Austin, TX 78717	
City/State and Zip Code	
raresignations@legalzoom.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
800 at (773-0888
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provisio	ns of section 605.0115, Florida Statutes, the undersign	gned,	
LegalZoom	. h	ereby resigns as	
	Name of Registered Agent	,, co, vaoigno no	N
Registered Agent for Stamina Engineering, LLC			111. 111.
Ç <u>C</u>			1.555 1.557 1.1
	Name of Limited Liability Company		
L18000068948		9	97 -
Document No	umber, if known		
	on was mailed to the above listed limited liability coned and the office discontinued on the 31st day after the		
<i>.</i>	Signature of Resigning Agent		
If signing on behalf of a	an entity:		
	Cheyenne Moseley		
	Typed or Printed Name		
	Asst. Secretary for United States Corporation Agent	s, Inc.	
	Capacity		

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

FILING FEES:
\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company