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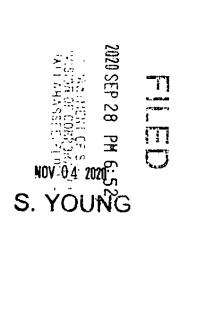
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COVER LETTER

SUBJECT: Nam	ne of Limited Liability	v Company
DOCUMENT NUMBER: L1800008200	6	
The enclosed Resignation of Registered for filing.	Agent for a Limite	d Liability Company and fee are submitted
Please return all correspondence concer	ning this matter to t	he following:
Piyush Mulji		
Name of Person	-, -	-
CONTINENTAL WHOLESALERS, LLC		
Name of Firm/Compar	ıy	-
15432 N. Nebraska Ave.		
Address		_
Tampa, FL 33549		
City/State and Zip Cod	le	-
piyush@vantageconstructiongroup.com		
E-mail address: (to be used for future annu	ual report notification)	-
For further information concerning this	matter, please call;	
Piyush Mulji	813 at (924-0011

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Registration Section Division of Corporations

TO:

Street Address:

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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provis	ions of section 605.0115. Flori	da Statutes, the undersigned.			
JUSTIN ZINZOW at Zinzow Law, LLC		. hereb	, hereby resigns as		
	Name of Registered Agent	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(Hereby resigns to		
Registered Agent for	CONTINENTAL WHOLESALERS, LLC				
	Name of Limited Lia	bility Company			
L18000082006					
Document	Number, if known				
A copy of this resigna	tion was mailed to the above li	sted limited liability compar	ıy at its last known address.		
The agency is termina	ted and the office discontinued	High	te on which this statement is fil	ed.	
If signing on behalf of	Can entity:		2020 SEP 28		
	Justin R. Zinzow for Zinzow	Law, LLC	元章 や での 2	-,::-122Y -,::-122Y }	
	CEO	Printed Name	B PH 6:		
	Сара	city	章 5		

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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