

W19000115970

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

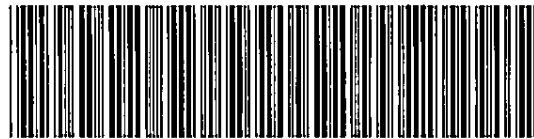
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2021 AUG 23 PM 4:05  
SECRETARY OF STATE  
TALLAHASSEE, FL

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Salty Swallower Apparel, LLC  
\_\_\_\_\_  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L18000115970  
\_\_\_\_\_

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:

Kenneth Bohannon, Esq.  
\_\_\_\_\_  
Name of Person

Coronado Law Group, PLLC  
\_\_\_\_\_  
Name of Firm/Company

221 N. Causeway, Ste. A  
\_\_\_\_\_  
Address

New Smyrna Beach, FL 32169  
\_\_\_\_\_  
City/State and Zip Code

Robert.walker@precisioninstallationsinc.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kenneth Bohannon at ( 386 ) 427-5227  
\_\_\_\_\_  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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

21 AUG 23 PM 4:06  
SECRETARY OF STATE  
TALLAHASSEE, FL

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

Adam Briggs

\_\_\_\_\_  
Name of Registered Agent

, hereby resigns as

Registered Agent for Salty Swallower Apparel, LLC

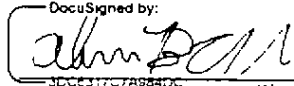
\_\_\_\_\_  
Name of Limited Liability Company

L18000115970

\_\_\_\_\_  
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.

DocuSigned by:  
  
3DCE317C7A984DC  
\_\_\_\_\_  
Signature of Resigning Agent

If signing on behalf of an entity:

Adam Briggs

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
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**