L18000134800

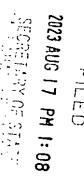
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer.
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COVER LETTER

Registration Section Division of Corporations SUBJECT: Skull Island Life LLC Name of Limited Liability Company DOCUMENT NUMBER: L18000134800 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: 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

Name of Person

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

TO:

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	is of section 605.011	5, Florida Statutes, the under	signed.	
United States Corporation Agents, Inc.			hereby resigns as	
Name of Registered Agent				
Registered Agent for SI	kull Island Life LL	.C		
-	Name of Lin	nited Liability Company	······································	
	Name of Lin	inted Liantity Company		
L18000134800				
Document Nu	mber, if known			
A copy of this resignation	on was mailed to the a	above listed limited liability of	company at its last known address.	
The agency is terminated	d and the office disco	ontinued on the 31st day after	the date on which this statement is filed.	
		Signature of Resigning Agent		
		Signature of Kesigning Agent	. ".	
If signing on behalf of an entity:			\$\$\footnote{\partial \text{202}}\$	
	Cheyenne Mose	eley	PAL SET	
	1,	Typed or Printed Name		
	Asst. Secretary for l	United States Corporation Age	ents, Inc.	
	Capacity		2023 AUG 17 PM 1: 08 ents, Inc.	
			•	
			 80	
	FILING \$ 85.00	Active limited liability co	mpany	
	\$ 25.00	Administratively dissolve withdrawn limited liabili	a/ voiuntarify dissofved/ ty company	

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, F1, 32314