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Division of Corporations

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Account Number : 120090000032 Phone : (561)792-2236 Fax Number : (561)202-8082

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## LLC REGISTERED AGENT RESIGNATION WHISKEY RANCH LLC

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

Pursuant to the provis	ions of section 605.0115, Florida Statutes, the i	undersigned,	202
ATA REGISTERED AGENT INC.		, hereby resigns as	2020 HAY
Name of Registered Agen:		, , , , , , , , , , , , , , , , ,	<u>-</u> <
Registered Agent for	WHISKEY RANCH LLC		7
<u>.</u>			
	Name of Limited Liability Company	-	5 3
L18000221088			
Document	Number, if known		
A copy of this resigna	tion was mailed to the above listed limited liab	sility company at its last kno	own address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed

If signing on behalf of an entity:

TINA MAKI Typed or Printed Name DP Capacity

FILING FEES:

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withdrawn limited liability company \$ 85.00 \$ 25.00

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