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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email Address: cls-agentresignations@wolterskluwer.com

## LLC REGISTERED AGENT RESIGNATION 1045 KINGS WAY LANE, LLC

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T. LEMIEUX JAN 30 2024

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

Pursuant to the provision	ons of section 605.011	5. Florida Statutes, the under	signed.		
NRALSERVICES, INC	, hereby resigns as				
	Name of Registered Age	nt	Hereny resigns as		
Registered Agent for $\frac{1}{2}$	045 KINGS WAY LAN	E. LLC			_
					_•
	Name of Uir	ited Liability Company			
1.18000259001					
Document N	himber, if known				
A copy of this resignati	on was mailed to the a	bove listed limited liability of	ompany at its last known a	ddress.	
The agency is terminate	ed and the office disco	ntinued on the 31st day after	the date on which this state	amant i	e filad
The agency is terminate	ed and the office disco.	annued on the 31st day after	the date on which this state	ancar i	s med.
	Na	acu Helon-Brown			
		ACY Helon - Brown Signature of Resigning Agent			
If signing on behalf of a	an entity:				
C L	NANCY HELM-BRO	NWC			
	Γ	sped or Printed Name	<del></del>		
	ASSISTANT SECRE	TARY			
		Capacity	 ම	20	
			¥.0	2024 JAN 29	
		FEES: Active limited liability cor Administratively dissolved withdrawn limited liability		A	<u>ئ</u> رائے۔
	<u>FILING</u> \$ 85.00	FEES:		22	 دست
	\$ 25.00	Administratively dissolved	Wyoluntarily dissolved	_	111 
		withdrawn limited liability	y company	AM 8: 26	$\ddot{\Box}$
			7 S	œ	U
			AT	26	
	Make checks payab	le to Florida Department of Si Division of Corporations	ate and mail to:	-	
		P.O. Box 6327			

Tallahassee, FL 32314