L19000006723

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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LIGHTSEY & ASSOCIATES, P.A.

222 W. COMSTOCK AVE. SUITE 200 WINTER PARK, FLORIDA 32789 Telephone: (407) 622.0025 marcy@lightseylaw.com

To:

Division of Corporations

From:

Marcy Kast

Date:

December 5, 2022

Re:

Change of Registered Agent/Registered Office

Enclosed is our firm check in the amount of \$390.00 which represents your fees for filing the following six (6) Statements of Resignation of Registered Agent for a Limited Liability Company.

- 1. Tripson, LLC (dissolved) \$25.00
- 2. Lake County Dreamcatcher, LLC (dissolved) \$25.00
- 3. Sagacious Capital, LLC \$85.00
- 4. Thakrar Investments LLC \$85.00
- 5. Lady Grey Charters, LLC \$85.00
- 6. Gate Way 4302, LLC \$85.00

Please contact me if you have any questions.

Via Federal Express: Florida Department of State Division of Corporations 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions	of section 605.0115	5, Florida Statutes, the t	undersigned,			
ALTON L. LIGHTSEY , hereby res						
Registered Agent for LAK	E COUNTY DREAM	MCATCHER, LLC				
-	Name of Lim	ited Liability Company			,	
L19000006723						
Document Numb	oer, if known					
A copy of this resignation	was mailed to the a	bove listed limited liab	oility company at its last	known addre	ess.	
The agency is terminated a	-//	ntinued on the 31st day Signature of Resigning Ag		this statemen	nt is file	ed.
				:.	2:	
-	· T	yped or Printed Name		-)	122 DEC	1
-		Capacity		7	-7 P	
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liabili Administratively dis. withdrawn limited li	ity company solved/ voluntarily dissi iability company	olved/	2022 DEC -7 PM 12: 36	

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

INHS17 (2/14)