1/31/25, 1:41 PM

Division of Corporations

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H25000038587 3)))



H250000385873ABC5

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : API PROCESSING

Account Number : 120110000069

Phone

: (954)567-0013

Fax Number

: (954)567-3401

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

LLC REGISTERED AGENT RESIGNATION THE DYNAMIC UNLIMITED LLC

Certificate of Status	0
Certified Copy	0
Page Count	â
Estimated Charge	\$25.00

Age Doba

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisio	ns of section 605.0115, Florida Statutes, the	undersigned,
API PROC	CESSING - LICENSING, INC.	, hereby resigns as
•	Name of Registered Agent	, 2000) 005-8::
Registered Agent for	THE DYNAMIC UNLIMITED LLC	
	Name of Limited Liability Company	
L19000054865		
Document No	imber, if known	
A copy of this resignation	on was mailed to the above listed limited liab	bility company at its last known address.
The agency is terminate	d and the office discontinued on the 31st day	y after the date on which this statement is filed.
	Signature of Resigning A	<u>m</u>
If signing on behalf of an entity:	n entity:	E11 2025 JAN 3 SECON 144 1417 A. 144
	Typed or Printed Name	N31
	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withdrawn limited liability company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