# L19 000093193

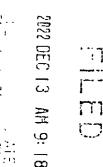
(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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A. RIVERS MAR 2 - 2023

### **COVER LETTER**

TO: Registration Section Division of Corporations

SUBJECT: Tanner Underwater Marine LLC
Name of Limited Liability Company
DOCUMENT NUMBER: L19000093193
The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitte or filing.
Please return all correspondence concerning this matter to the following:
United States Corporation Agents, Inc.
Name of Person
_egalzoom.com, Inc.
Name of Firm/Company
9900 Spectrum Dr.
Address
Austin, TX 78717
City/State and Zip Code
raresignations@legalzoom.com
E-mail address: (to be used for future annual report notification)
or further information concerning this matter, please call:
800 773-0888
Name of Person Area Code Daytime Telephone Number

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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

Pursuant to the provision	ons of section 605.011	5, Florida Statutes, the unde	rsigned,			
United States Corporation Agents, Inc.			, hereby resigns as			
	, wereast realigned as					
Registered Agent for $\underline{T}$	anner Underwate	r Marine LLC				
	Name of Lin	nited Liability Company			<del></del> ,	
L19000093193						
Document N	umber, if known					
A copy of this resignation	on was mailed to the	above listed limited liability	company at its last kno	own addre	SS.	
The agency is terminate	ed and the office disco	ontinued on the 31st day after	r the date on which this	s statemer	nt is file	ed.
		Signature of Resigning Agent				
If signing on behalf of a	ın entity:	Signature of Kesigning Agent				
	Cheyenne Mose		:,,	20		
	<u> </u>		•	2022 C	, <del></del>	
	Asst. Secretary for t	ents, Inc.		350	1 ;	
		Capacity		<i>;</i> ;	3	•
				1	P	
	FILING	FEES:		.::	9:	
	\$ 85.00 \$ 25.00	Active limited liability co Administratively dissolve withdrawn limited liabili	ompany ed/voluntarily dissolve ty company		8	

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