# W19000185059

(Requestor's Name)	
(Address)	500373094865
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	10/04/2101014019 **25.00
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	2021 OC
Special Instructions to Filing Officer:	ר. פר ר. פר
	2021 007 -1, FH12: 15

Office Use Only

1 2021 LALBRITTON

#### **COVER LETTER**

Supplied. Sail and Sea LLC				
SUBJECT: Name of Limited Liability Company				
DOCUMENT NUMBER: L19000185059				
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee are submitted			
Please return all correspondence concerning this matter to the	e following:			
United States Corporation Agents, Inc.				
Name of Person				
Legalzoom.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)				
For further information concerning this matter, please call:				
at (	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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

TO:

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	is of section 605.0115, Florida Statutes, the un	idersigned.	
United States Corp	oration Agents, Inc.	, hereby resigns as	
	Name of Registered Agent		
Registered Agent for S	ail and Sea LLC		
	Name of Limited Liability Company		
L19000185059			
Document Nu	mber, if known		
A copy of this resignation	on was mailed to the above listed limited liabili	ity company at its last known address.	
The agency is terminate	d and the office discontinued on the 31st day a	fter the date on which this statement is	s filed.
	Signature of Resigning Ager	2021 CCT - 1,	***
If signing on behalf of a	n entity:		•
	Cheyenne Moseley		
	Typed or Printed Name	Agents, Inc.	ئ د ر ح <del>ص</del> د
	Asst. Secretary for United States Corporation	Agents, Inc.	
	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