L20000109478

(۱	(Requestor's Name)				
(/	Address)				
	Address)	<u> </u>			
(City/State/Zip/Phone #)				
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PICK-UP	☐ WAIT	MAIL			
(E	Business Entity Name)				
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	Document Number)				
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Certified Copies	Certified Copies Certificates of Status				
Special Instructions t	o Filing Officer:				
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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Center Court Holdings LL	C
Name of Limited Liability	Company
DOCUMENT NUMBER: L20000109478	·
The enclosed Resignation of Registered Agent for a Limited for filing.	I Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	ne 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 P.O. Box 6327 Tallahassee, FL 32314

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

INHS17 (2/14)

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisio	ons of section 605.0115	, Florida Statutes, the under	signed,		
United States Corporation Agents, Inc.					
Name of Registered Agent			_ , hereby resigns as		
Registered Agent for $\frac{C}{C}$	Center Court Holdin	igs LLC			_
	Name of Limi	ted Liability Company			<u> </u>
L20000109478					
Document No	umber, if known				
A copy of this resignation	on was mailed to the al	bove listed limited liability of	company at its last known	addres	SS.
The agency is terminate	d and the office discor	ntinued on the 31st day after	the date on which this sta	itemen	t is filed.
		Signature of Resigning Agent			
If signing on behalf of a	in entity:				
	Cheyenne Mosel	еу			
	Ty	ped or Printed Name			
	Asst. Secretary for Ur	nited States Corporation Age	ents, Inc.		
		Capacity		2(
	<u>FILING 1</u> \$ 85.00 \$ 25.00	FEES: Active limited liability co Administratively dissolve withdrawn limited liabilit	mpany d/ voluntarily dissolved/ ty company	2023 JUN 14 PM 2:	FILED SHARE FARY OF STA JUNE OF CORPORA

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