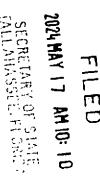
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	(Requestor's Name)	
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	(City/State/Zip/Phone #)	
PICK-UF	WAIT	MAIL
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Certified Copies	Certificates of S	itatus
Special Instructions t	o Filing Officer:	
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Office Use Only



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BM 5/17/24

COVER LETTER

Division of Corporations		
SUBJECT: HARBOR CAPTS LLC Name of Limited Liability Company		
DOCUMENT NUMBER: <u>L 2000 / 29 53 /</u>		
The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are for filing.	subn	nitted
Please return all correspondence concerning this matter to the following:		
Robert Parker Name of Person Age Age Age Age Age Age Age Ag	2024 MA	
Name of Person HARBOR CARTS LLC Name of Firm/Company 1123 Hounds Run Address Cutetu Harbor El 34/005	Y 17 AM 10:	FILED
City/State and Zip Code	0	
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Rob Parker at (127) 656 - 4053 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 activ	e lim	iited

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

TO: Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
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 6	05.0115, Florida	a Statutes, the i	ındersigned,		
HOOSIER HARBOR			, hereby re	esigns as	
Name of Registe	red Agent				
Registered Agent for HARBUR	CARTS	LLC			
Nam	e of Limited Liabil	ity Company			
120000129531					
Document Number, if known					
A copy of this resignation was mailed	to the above list	ed limited liab	ility company a	it its last known ac	idress.
The agency is terminated and the office	e discontinued o	on the 31st day	after the date o	n which this state	ment is filed
	J Am				
	Signatur	e of Resigning Ag	ent	ĒS	20
If signing on behalf of an entity:					F 2024 HAY
Hoose	e Hars Typed or Pr	BOR LLC	• ·	HAS:	AY =
-1	Typed or Pr	inted Name		e e e e e e e e e e e e e e e e e e e	7 1
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	Capaci			<u> </u>	ö

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