

# L20000147474

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

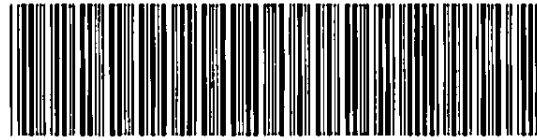
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TALLAHASSEE, FLORIDA

2024 MAR 26 AM 10:18

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STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

2024 MAR 26 PM 3:23

RECEIVED

# Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32302

(850) 656-4724

DATE 03/26/2024

**\*\*WALK IN\*\***

ENTITY NAME PRESTON STREET CAPITAL LLC

DOCUMENT NUMBER \_\_\_\_\_

**\*\*PLEASE FILE THE ATTACHED AND RETURN\*\***

XXXXXXXXXX

*Plain Copy*

*Certified Copy*

*Certificate of Status*

**\*\*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY\*\***

*Certified Copy of Arts & Amendments*

*Certified Copy of Arts & Amendments Complete File (Including Annual Reports)*

*Certificate of Status*

*Certificate of Status Reflecting: \_\_\_\_\_*

**\*\*APOSTILLE / NOTARIAL CERTIFICATION\*\***

COUNTRY OF DESTINATION \_\_\_\_\_

NUMBER OF CERTIFICATES REQUESTED \_\_\_\_\_

TOTAL OWED \$ 85

ACCOUNT # 120140000108  
United Corporate  
Services, Inc.



Please call Tina at the above number for any issues or concerns. Thank you so much!

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

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

United Corporate Services, Inc. \_\_\_\_\_, hereby resigns as

Name of Registered Agent

Registered Agent for PRESTON STREET CAPITAL LLC

Name of Limited Liability Company

L20000147474

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

United Corporate Services, Inc.

*Michael A. Barr*

Signature of Resigning Agent

If signing on behalf of an entity:

Michael A. Barr

Typed or Printed Name

President

Capacity

TALLAHASSEE, FLORIDA

2024 MAR 26 AM 10:18

FILED

### 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withdrawn limited liability company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