## 120000167182

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



400380067774



O SIMMONS FEB 0 3 2022



## Resignation of Registered Agent for a Limited Liability Company

Capitol Corporate Services, Inc.

PO Box 1831 Austin, TX 78767

Phone: (800) 345-4647 Fax: (800) 432-3622

regagent@capitolservices.com

Secretary of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 DATE:

1/19/2022

STATE:

FLORIDA

REP UNIT: FIRST COAST HOLDINGS OF FLORIDA, LLC

Enclosed for filing please find a Resignation of Registered Agent for a Limited Liability Company for the above referenced name, which is to be filed in your office. Enclosed is check # 32341 in the amount of \$25.00 for the filing fee. After filing, please return the file-stamped copy in the enclosed self-addressed envelope. If you have any questions please call (800) 345-4647 and ask for the Registered Agent Department.

Please return file-stamped copy to the following address:

Capitol Corporate Services, Inc. PO Box 1831 Austin, TX 78767

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

Pursuant to the provision	ons of section 605.0115, Florida Statutes, the undersigned,		
Capito	ol Corporate Services, Inc. hereby resigns as	-N5	
	Name of Registered Agent	3s 1001	
Registered Agent for	FIRST COAST HOLDINGS OF FLORIDA, LLC	CRE 7/1	
_	Name of the Limited Liability Company	A.O. 22	
	00167182 umber, if known	AM 6:51	i L
A copy of this resignati	on was mailed to the above listed limited liability company at its last know	vn address.	
The agency is terminate	ed and the office discontinued on the 31st day after the date on which this	statement is filed	l.
	Signature of Resigning Agent		
If signing on behalf of a	an entity.		
	Yvette Cleveland		
	Typed or Printed Name		
	Assistant Secretary		
	Capacity		
	FILING FEES: \$ 85.00 Active limited liability company \$ 25.00 Administratively dissolved/voluntarily dissolved withdrawn limited liability company	<u>4</u> /	

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