L20000 202/35

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of 2/9/2023

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Name of Limited Lia	ability Company
DOCUMENT NUMBER: L20000202135	
The enclosed Resignation of Registered Agent for a Li for filing.	mited Liability Company and fee are submitted
Please return all correspondence concerning this matter	r to the following:
Chelsea Chapman	
Name of Person	
Legaline Corporate Services, INC.	
Name of Firm/Company	
10601 Clarence Dr Ste 250	
Address	
Frisco, TX 75033-3867	
City/State and Zip Code	
ra@legaline.com	
E-mail address: (to be used for future annual report notificat	ion)
For further information concerning this matter, please	call:
Chelsea Chapman 844	386-0178
Name of Person at (Area (Code Daytime Telephone Number
Enclosed is a check made payable to the Florida Departiability company or \$25.00 for an administratively distincted liability company.	tment of State for \$85.00 for an active limited solved, voluntarily dissolved or withdrawn
Mailing Address: 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

1NHS17 (2/14)

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115.	Florida Statut	es, the undersigned,			
Legalinc Corporate Services, INC.		. hereby resigns as			
Name of Registered Agent		, 110700 y 1001 g113 133			
Registered Agent for SEA-BATTICAL LLC		_			
Name of Limite	d Liability Com	pany			
L20000202135					
Document Number, if known					
A copy of this resignation was mailed to the abo	ove listed limi	ted liability company at its last	known add	lress.	
The agency is terminated and the office disconti	nued on the 3	1st day after the date on which	this statem	ent is f	filed.
Chusa	on C	Nouman			
	ignature of Res	gning Agent	(/): (TD	20:	
If signing on behalf of an entity:			⊅.c.	2022 NOV 14	مدينية م
Chelsea Chapman			\$2.44 [m.	V 0	5 <u>(</u>
	ed or Printed Na		AS.	<u></u>	í ·
On Behalf of Legaline C		ices, INC.	ENT.	3	8
	Capacity		STATE E. FL	AM 7:45	
FILING FI © \$ 85.00 © \$ 25.00	Active limite Administrati	d liability company vely dissolved/voluntarily diss mited liability company	olved/		
D	to Florida De ivision of Cor P.O. Box Fallahassee, F	5327			
INHS17 (2/14)					