

L20000227794

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

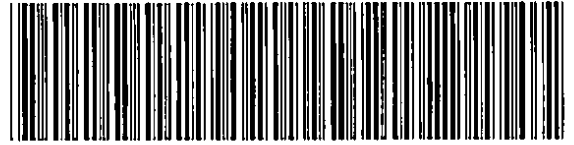
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Stype Venturist, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L20000227794

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Tyler Pye
Name of Person

Stype Venturist
Name of Firm/Company

1576 Bella Cruz Dr #412
Address

The Villages, FL 32159
City/State and Zip Code

stypaventurist@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tyler Pye at (352) 353-8440
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
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 605.0115, Florida Statutes, the undersigned,

Legalcorp Solutions, LLC hereby resigns as
Name of Registered Agent

Registered Agent for Stripe Ventures, LLC
Name of Limited Liability Company

L20000227A4
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.

Travis Crabtree
Signature of Resigning Agent

If signing on behalf of an entity:

Travis Crabtree
Typed or Printed Name
RA
Capacity

FILING FEES:

\$ 85.00	Active limited liability company
\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

RECEIVED BY STATE
TALLAHASSEE, FLORIDA

2023 MAY -9 AM 8:28

FILED

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