

10/27/22, 4:36 PM

Division of Corporations

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

L20000368971

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000368971 3)))



H220003689713ABC5

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
 Fax Number : (850)617-6383

From:

Account Name : INCORPORATING SERVICES, LTD.
 Account Number : I20050000052
 Phone : (850)656-7956
 Fax Number : (850)656-7953

2022 NOV -8 AM 8:20
 SECRETARY OF STATE
 TALLAHASSEE, FL

FILED

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC REGISTERED AGENT RESIGNATION

69-180 WAIKOLOA BEACH DRIVE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

C. BRUMBLEY
 NOV -9 2022

2022 Nov -8 AM 8:20

Electronic Filing Menu

Corporate Filing Menu

Help

H22 000 3689 713

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 69-180 WAIKOLOA BEACH DRIVE, LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L20000233422

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:

Westley Look

Name of Person

Incorporating Services, Ltd.

Name of Firm/Company

3500 S DuPont Highway

Address

Dover, DE 19901

City/State and Zip Code

wlook@incserv.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Westley Look

Name of Person

at (302) 531-0703

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

H22000368971 3

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,
Incorporating Services, Ltd. _____, hereby resigns as
Name of Registered Agent

Registered Agent for 69-180 WAIKOLOA BEACH DRIVE, LLC _____
Name of Limited Liability Company

L20000233422 _____
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.

Amanda Archambault
Signature of Resigning Agent

If signing on behalf of an entity:

Amanda Archambault

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

2022 NOV -8 AM 8:20
 FILED
 SECRETARY OF STATE
 TALLAHASSEE, FL

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