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COVER LETTER

TO: Registration S Division of Co	ection
517,51011 01 00	rporutions
_{subject:} Miam	ifestyboats LLC
0000001	Name of Limited Liability Company
DOCUMENT NUM	BER: L20000257431
The enclosed Resigna for filing.	tion of Registered Agent for a Limited Liability Company and fee are submitted
Please return all corre	spondence concerning this matter to the following:
United States Corpo	pration Agents, Inc.
	Name of Person
Legalzoom.com, Ind	
Nar	ne of Firm/Company
9900 Spectrum Dr.	
	Address
Austin, TX 78717	
City	/State and Zip Code
raresignations@leg	alzoom.com
E-mail address: (to b	e used for future annual report notification)
For further informatio	n concerning this matter, please call:
	, 800 \ 773-0888
Name o	of Person Area Code Daytime Telephone Number
Enclosed is a check m liability company or \$ liability company.	ade payable to the Florida Department of State for \$85.00 for an active limited 25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited
MAILING ADDRES	S: STREET ADDRESS:
Registration Section	Registration Section
Division of Corporation	F
P.O. Box 6327	Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

INHS17 (2/14)

Tallahassee, FL 32314

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ns of section 605.0115	5, Florida Statutes, the unde	ersigned,	~ ~2
United States Corpo	pration Agents, In	c.	, hereby resigns as	ND2 S
	Name of Registered Agen	it	, hereby resigns as	SEP
Registered Agent for M	iamifestyboats LL	С		750 20
Registered rigent for				DE P
	Name of Limi	ited Liability Company		2022 SEP 20 PH 3: 1.2 SECRETES 15
L20000257431				\$2
Document Nu	mber, if known			
A copy of this resignation	n was mailed to the a	bove listed limited liability	company at its last ki	nown address.
The agency is terminated	and the office disco	ntinued on the 31st day afte	er the date on which th	nis statement is filed.
		Signature of Resigning Agent		
If signing on behalf of a	n entity:			
	Cheyenne Mose	ley		
		yped or Printed Name		
	Asst. Secretary for U	Inited States Corporation Ag	gents, Inc.	
		Capacity		
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability c Administratively dissolv withdrawn limited liabil	ompany ed/ voluntarily dissol lity company	ved/
	Make checks payab	ole to Florida Department of Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	State and mail to:	

INHS17 (2/14)