L20000314684

(Requestor's Name)					
(Address)					
(Address)					
(Ci	ty/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Ви	usiness Entity Nan	ne)			
(Do	ocument Number)				
Certified Copies	Certificates of Status				
Special Instructions to Filing Officer:					





500409386365

FILED
2023 MAY 26 PM 4: 12

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: The Voyagers Supply Co LLC		
Nai Nai	ne of Limited Liability	Company
DOCUMENT NUMBER: L200003146	84	
The enclosed Resignation of Registere for filing.	d Agent for a Limited	Liability Company and fee are submitted
Please return all correspondence conce	rning this matter to th	e following:
Cory Betts		
Name of Person		
ZenBusiness Inc.		
Name of Firm/Compa	iny	
336 E. College Ave. Suite 301		
Address		
Tallahassee, FL 32301		
City/State and Zip Co	de	
ra@zenbusiness.com		
E-mail address: (to be used for future and	nual report notification)	
For further information concerning this	s matter, please call:	
Cory Betts	844 at (493-6249
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provis	sions of section 605.01	15, Florida Statutes, the unc	lersigned,			
Registered Agents Inc.		, hereby resigns as				
Name of Registered Agent			Hereby resigns as			
Registered Agent for	The Voyagers Supply C	Co LLC				
	Name of Li	mited Liability Company	<u> </u>		<u>,</u>	
1.20000314684						
Document	Number, if known					
		above listed limited liability				£1i
The agency is termina	ated and the office disc	continued on the 31st day aff	er the date on which	tms statem	iem is	mea.
	David?	Signature of Resigning Agent				
If signing on behalf o	of an entity:					
	Registered Agents I	ne, by David Roberts		(~>	
		Typed or Printed Name		ALL ALL	2023 MAY 26	
	Assistant Secretary			A	¥	
		Capacity		ASS ASS	728	
	FILING \$ 85.00 \$ 25.00	G FEES: Active limited liability of Administratively dissolventhed liability withdrawn limited liability.	company ved/ voluntarily dissa ility company	EE.FLO	6 PM 4: 12	

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