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(Address)

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(City/State/Zip/Phone #)

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COVER LETTER

TO: Registration Section
Division of Corporations

Sapphire, LLC

SUBJECT: _____
Name of Limited Liability Company

1.20000354231

DOCUMENT NUMBER: _____

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:

George W. Kramer

Name of Person

Law Offices of Kramer & Klingsberg

Name of Firm/Company

16215 Cabernet Drive

Address

Delray Beach, FL 33446

City/State and Zip Code

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

For further information concerning this matter, please call:

George W. Kramer

Name of Person

at (561) 235-6199

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,
Law Offices of Kramer & Klingsberg

_____ hereby resigns as

Name of Registered Agent

Sapphire, LLC

Registered Agent for _____

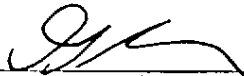
Name of Limited Liability Company

I.20000354231

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.



Signature of Resigning Agent

If signing on behalf of an entity:

George W. Kramer

Typed or Printed Name

Principal / Partner

Capacity

FILED
2022 JAN 11 AM 10:28
TALLAHASSEE, FL

FILING FEES:

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withdrawn limited liability company

Make checks payable to Florida Department of State and mail to:

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314