# 120000374611

(Requestor's Name)	
(Address)	90038108
(Address)	0000100
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	00 107 100 01 01
(Business Entity Name)	02/07/2201027-
(Document Number)	
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SECRETARY OF STATE
TALLAHAS SEF STATE

FEB 1 5 2017 I ALPRITTON

### **COVER LETTER**

TO: Registration Section Division of Corporations	·
SUBJECT: Tampa Boat Charters LLC  Name of Limited Liability	Company
	Company
DOCUMENT NUMBER: L20000374611	
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee are submitted
Please return all correspondence concerning this matter to th	e following:
United States Corporation Agents, Inc.	
Name of Person	
Legalzoom.com, Inc.	
Name of Firm/Company	
9900 Spectrum Dr.	
Address	
Austin, TX 78717	
City/State and Zip Code	
raresignations@legalzoom.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
800 at (	773-0888
Name of Person Area Code	)

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	s of section 605.0115,	Florida Statutes, the un-	dersigned.			
United States Corpo	ited States Corporation Agents, Inc.					
Name of Registered Agent			, , , , , , , , , , , , , , , , ,			
Registered Agent for Ta	ampa Boat Charter	's LLC				
	Name of Limit	ed Liability Company			,	
L20000374611						
Document Nu	mber, if known					
A copy of this resignation	n was mailed to the ab	oove listed limited liabili	ity company at its k	ast known ad	dress.	
						filed
The agency is terminate	and the office discon	tinued on the 31st day a	ner me date on win	icii mis states	nem is	med.
		Signature of Resigning Ager	nt			
If signing on behalf of a	n entity:					
	Cheyenne Mosel	ey		-: <del></del>	2	
	Ту	ped or Printed Name	<del></del>	<b>₽</b> 2	<b>≈</b>	
	Asst. Secretary for U	nited States Corporation	Agents, Inc.	rna. ≯eji	833	1
		Capacity		HA	-7	=
				SSE	F	m
	_			in S.	ယ္	D
	<b>FILING</b> \$ 85.00 \$ 25.00	FEES: Active limited liability Administratively disso withdrawn limited lia	/ company blved/ voluntarily d bility company	lissolved/	. 27	

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