# L21000052667

(Re	questor's Name)				
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(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
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Certified Copies	Certified Copies Certificates of Status				
Special Instructions to	Filing Officer				
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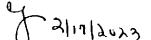




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### **COVER LETTER**

то:	Registration Section Division of Corporations		
SUBJ	FORTRESS ESPLANADE LLC ECT:	f Limited Liabili	v Company
DOG:	UMENT NUMBER: L21000052667		y Company
			<del></del>
The enfor fil	nclosed Resignation of Registered Aging.	gent for a Limite	ed Liability Company and fee are submitted
Please	return all correspondence concerning	g this matter to	the following:
Chelse	a Chapman		
	Name of Person		<del>-</del>
Legali	nc Corporate Services. INC.		
	Name of Firm/Company	<u> </u>	_
10601	Clarence Dr Ste 250		
-	Address		_
Frisco.	TX 75033-3867		
	City/State and Zip Code		_
ra@leg	aline.com		
Е	mail address: (to be used for future annual re	eport notification)	_
For fu	rther information concerning this mat	tter, please call:	
Chelse	a Chapman	844	386-0178  Daytime Telephone Number
	Name of Person	Area Code	Daytime Telephone Number
liabili	sed is a check made payable to the Flory company or \$25.00 for an administ d liability company.	orida Departme tratively dissolv	nt of State for \$85.00 for an active limited ed, voluntarily dissolved or withdrawn

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 605.0115, Florida St	atutes, the undersigned,			
Legaline Corporate Services, INC.		, hereby resigns as			
	Name of Registered Agent	,,,,			
Registered Agent for	FORTRESS-ESPLANADE LLC-	FORTRESS HOMES 238 L	TC		_
	Name of Limited Liability (	Company			_•
L21000052667					
Document	Number, if known				
A copy of this resigna	ation was mailed to the above listed	limited liability company at its la	ast known a	ıddress	
The agency is termina	ated and the office discontinued on the	ne 31st day after the date on whi	ich this stat		is filed.
	Signature of	Resigning Agent	SECKL	2022 NOV	اللا
If signing on behalf of an entity:			25.5	)V   5	ال الله مستد المدد الله الله
	Chelsea Chapman		ings.		ii
	Typed or Printed	Name	rn. Frigi	ΡH	(marie
	On Behalf of Legaline Corporate S	ervices, INC.		1: 22	12:20
	Capacity	<del></del> -	. 🖳	2	

FILING FEES:

S 85.00 Active limited liability company
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