L21000075420

| (Requestor's Name) |
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| (City/State/Zip/Phone #) |
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| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| (Document Number) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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THE HEAD

R. HUNT 01/24/23

SJA 24 PM 1:43

TO: PF

PHYSICAL: Dept. of State Division of Corporations

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

MAILING: Dep

Dept. of State Division of Corporations

Corporate Filings P.O. Box 6327

Tallahassee, FL 32314

FROM:

National Corporate Headquarters, Inc.

1450 Vassar Street Reno NV 89502 (800) 638-2320 (775) 329-0852

DATE:

Friday, January 06, 2023

SENT VIA USPS

To Whom It May Concern:

Attached, please find the following document(s):

• Resignation of Registered Agent for a Limited Liability Company For OFF THE HOOK MARINE SPECIALIST, LLC

We have included payment in the amount of $\underline{$25.00}$ for the following fees:

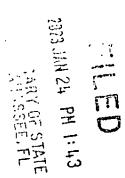
Amendment

We have included one original

If there are any questions, please call 800-638-2320

Please return the file stamped copy of Amendment to Articles of (Organization or Incorporation) to the address below:

Processing Department 1450 Vassar Street Reno NV 89502



COVER LETTER

| Name of I. | imited Liabi | lity Company | |
|---|------------------|----------------------|---------------------------|
| DOCUMENT NUMBER: £21000075420 | | · · · · · | |
| The enclosed Resignation of Registered Ager for filing. | nt for a Limi | ited Liability Compa | ny and fee are submitted |
| Please return all correspondence concerning to | his matter t | o the following: | • |
| Processing Department | | | |
| Name of Person | | | |
| IncAuthority | | | 180 E |
| Name of Firm/Company | | | ر داری کار معسد کار |
| 1450 Vassar St. | | | ANX OF STATE |
| Address | | | 第二章 E |
| Reno, NV 89502 | | | E.F. |
| City/State and Zip Code | | | THE 3 |
| returndoes(q ineauthority.com | | | |
| E-mail address: (to be used for future annual rep | ort notification | 1) | |
| For further information concerning this matter | er, please ca | 11: | |
| Processing Department | 800 | 63823220 | |
| Name of Person | Area Co | ode Daytime Telepho | ne Number |

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations

TO:

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 Statutes, the un- | dersigned. |
|-------------------------|--|---|
| INC AUTHORITY R | A | , hereby resigns as |
| _ - | Name of Registered Agent | |
| Registered Agent for | OFF THE HOOK MARINE SPECIALIST, LLC | |
| | Name of Limited Liability Company | <u>.</u> |
| L21000075420 | | |
| Document | Number, if known | |
| A copy of this resign: | ation was mailed to the above listed limited liabili | ty company at its last known address. |
| The agency is terminate | ated and the office discontinued on the 31st day at | fter the date on which this statement is filed. |
| | Signature of Resigning Ager | |
| If signing on behalf o | f an entity: | 2023 JAN 24 |
| | Trevor Rowley | |
| | Typed or Printed Name | |
| | Vice President | SSEC PE M |
| | Capacity | PH 1: 43 |

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

FILING FEES:
\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved voluntarily dissolved withdrawn limited liability company