

Division of Corporations

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet**L21000136364**

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To:

Division of Corporations
Fax Number : (850) 617-6383

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Account Name : C T CORPORATION SYSTEM
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Phone : (954) 208-0845
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC REGISTERED AGENT RESIGNATION
AMELIA PROJECT OWNER, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$85.00

2022 MAY -6 PM 1:09

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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Electronic Filing Menu

Corporate Filing Menu

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T. LEMIEUX

MAY -9 2022

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

NATIONAL REGISTERED AGENTS, INC.

hereby resigns as

Name of Registered Agent

Registered Agent for _____

AMELIA PROJECT OWNER, LLC

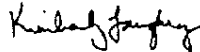
Name of Limited Liability Company

L21000136364

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:

Kimberly Laughrey

Typed or Printed Name

Assistant Secretary

Capacity

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withdrawn limited liability company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

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Sec. of State
TALLAHASSEE, FLORIDA