12/000186348

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

Office Use Only



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resignation of RA



DIVISION OF CONFORATIONS

A RAMSEY MAY -2 2022

CORPORATE ACCESS, __

When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

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WALK IN						
			PICK UP:	4/29 Glinda		
		CERTIFIED	СОРУ			
	XX	РНОТОСОР	<u></u>			
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1.		PRC Clearwater LLC (CORPORATE NAME AND DOCUMENT #)				
2.	CORPORATE NAME AND DOCUMENT #)					
3.						
(CORPORATE NAME AND DOCUMENT #) 4.						
5.		(CORPORATE NAME AND DOCUMENT #)				
	(CORPORATE NAME AND DOCUMENT #)					
6.		(CORPORATE NAME	AND DOCUMENT #)			
SPECIAL INSTRUCTIO			FCA000000	011		
			\$8500			

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisi	ions of section 605.0115, Florida Statut	es, the undersigned,	
CORPORATE ACCES	S, INC.	, hereby resigns as	410:37
******	Name of Registered Agent	, nereby resigns us	
Registered Agent for	PRC Clearwater LLC		· · - · · · · · · · · · · · · · · · ·
	Name of Limited Liability Com	pany	,
L21000186348			
Document i	Number, if known		
-	tion was mailed to the above listed limited and the office discontinued on the 3		
	Dan Bluet Signature of Resi		, statement is med.
If signing on behalf of	an entity:		
	DANNY BENNETT		
	Typed or Printed Nar	me	
	PRESIDENT		
	Canacity	<u></u>	

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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