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

Office Use Only



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COVER LETTER

SUBJECT: Name of Limited Liability	y Company	-		
DOCUMENT NUMBER: L21000214043				
The enclosed Resignation of Registered Agent for a Limite for filing.	d Liability Company and fee a	re submitted		
Please return all correspondence concerning this matter to t	he following:			
United States Corporation Agents, Inc.				
Name of Person	-			
Legalzoom.com, Inc.				
Name of Firm/Company	-			
9900 Spectrum Dr.				
Address	_			
Austin, TX 78717		23		
City/State and Zip Code	_	2211		
raresignations@legalzoom.com				
E-mail address: (to be used for future annual report notification)	_	2.1		
For further information concerning this matter, please call:		, 6 		
at (773-0888			
Name of Person Area Code	Daytime Telephone Number			

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

TO:

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	ons of section 605.0115, Florida Statutes, the unders	signed.
United States Corp	poration Agents, Inc.	hereby resigns as
	Name of Registered Agent	
Registered Agent for	Black Diamond Jet Ski rentals LLC	
	Name of Limited Liability Company	,
L21000214043		
Document N	umber, if known	
A copy of this resignati	on was mailed to the above listed limited liability c	ompany at its last known address.
The agency is terminate	ed 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 a	an entity:	()) () () () () () () () () (
	Cheyenne Moseley	
	Typed or Printed Name	
	Asst. Secretary for United States Corporation Age	ents, Inc.
	Capacity	F-0

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

Active limited liability company
Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company

FILING FEES:

\$ 85.00° \$ 25.00