Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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| To:      |   |  |                   |            |
|          | Division of Co                            | orporations                                  |                   |            |
|          | Fax Number                                | : (850)617-6383                              |                   |            |
| From:    |   |  |                   |            |
|          | Account Name                              | : BLUMBERG/EXCELS]                           | OR CORPORATE SERV | ICES, INC. |
|          | Account Number                            | r : 0753500 <del>00</del> 353                |                   |            |
|          |   | : (800)221-2972                              |                   |            |
|          | Fax Number                                | : (917)243-5843                              |                   |            |
|          |   | ss for this busines:<br>lings. Enter only on |                   |            |
| <b>a</b> | nnual report mail                         |  |                   |            |
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| a        | nnual report mail mail Address:  LLC REGI | ISTERED AGENT                                | r RESIGNATIO      | N          |
| a        | nnual report mail mail Address:  LLC REGI | ISTERED AGENT MBERLINE & CL                  | F RESIGNATIO      | N          |

Estimated Charge

\$85.00

## COVER LETTER

| Division of Corporations   |         |
|--|---------|
| SUBJECT: TIMBERLINE & CLIMB LLC  Name of Limited Liability Company                           |         |
| DOCUMENT NUMBER: L21000235298  |         |
| The enclosed Resignation of Registered Agent for a Limited Liability Company and for filing. |         |
| Please return all correspondence concerning this matter to the following:                    |         |
| TRACEE COTTON  |         |
| Name of Person   |         |
| BLUMBERGENCELSIOR CORPORATE SERVICES, INC.   | 2       |
| Name of Firm/Company   | 022 F   |
| 100 WALL STREET, SUITE 503   | FEB.    |
| Address  | FILE 23 |
| NEW YORK, NY 10005   |         |
| City/State and Zip Code  | 8: 29   |
| E-mail address: (to be used for future annual report notification)                           |         |
| For further information concerning this matter, please call:                                 |         |
| TRACEE COTTON 800 221-2972 N1550 at ()   |         |
| Name of Person Area Code Daytime Telephone Number  | ber     |

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 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 provisions of section 605.0     | 1115, Florida Statutes, t            | he undersigned,                                |   |                    |
|---|--------------------------------------|--|---|--------------------|
| BLUMBERGENCELSIOR CORPORATE SERVICES, INC. here |                                      |  |   |                    |
| Name of Registered a                            |                                      |  |   |                    |
| Registered Agent for TIMBERLINE & CLI           | IMB LLC                              |  |   |                    |
| Name of   | Limited Liability Company            |  | •   |                    |
| 1.21000235298                                   |                                      |  |   |                    |
| Document Number, if known                       |                                      |  |   |                    |
| A copy of this resignation was mailed to tl     | ne above listed limited              | liability company at its last                  | known address.  |                    |
| The agency is terminated and the office di-     | scontinued on the 31st               | day after the date on which                    | this statement is f   | ñled.              |
| 1670  | Signiture of Resignin                | (a)  |   |                    |
|   | Slemture of Resignin                 | š yšeut  |   |                    |
| If signing on behalf of an entity:              |                                      |  |   |                    |
| MARY BROOKS                                     | ;                                    |  | <b>202</b>  |                    |
|   | Typed or Printed Name                |  | 2022 FEB  |                    |
| ASSISTANT SEC                                   |                                      |  | 8   | 7                  |
|   | Capacity                             | ·  | 23<br>SSE<br>SSE<br>SSE<br>SSE<br>SSE<br>SSE<br>SSE<br>SSE<br>SSE<br>SS | FAR                |
|   |                                      |  |   | E O O              |
| <u>FILI)</u><br>S 85.0                          | SG FEES: 0 Active limited lia        | bility coupany                                 | 8: 2  | Ω<br>0<br>2D<br>2D |
| \$ 25.0   | <ol> <li>Administratively</li> </ol> | dissolved/voluntarily dissed tiability company | olved/ 🖰 🗭  |                    |

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