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

From:

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--------- Account Name : TRENAM, KEMKER, SCHARF, BARKIN, FRYE, O'NEILL & MULLIS, P.A. Account Number : 076424003301 Phone : (813)223-7474 Fax Number : (813)227-0435

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____aschaberg12@gmail.com

LLC REGISTERED AGENT RESIGNATION EIGHTYONE VENTURES, LLC

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FEB - 3 2025

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STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

FILES JAN 3 PH 4: 39 TK Registered Agent, Inc. , hereby resigns as Name of Registered Agent Registered Agent for ______ Name of Limited Liability Company

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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.

Michael J. Reeves

Signature of Resigning Agent

If signing on behalf of an entity:

Michael J. Reeves

Typed or Printed Name

Attorney

Capacity

FILING FEES:

\$ 85.00 \$ 25.00

Active limited liability company Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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