421000255840

(Requestor's Name)
(Address)
(Audiess)
(Address)
(City/State/Zip/Phone #)
, , , , ,
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
· —
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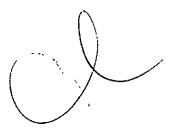
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COVER LETTER

SUBJECT:_ Calusa Capital Investments LLC				
Name of Limited Liability	y Company	_		
DOCUMENT NUMBER: L21000255840				
The enclosed Resignation of Registered Agent for a Limited for filing.	d Liability Company and fee	are sul	bmitted	ქ
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.			2022 AUG	
Address	•		-	- :
Austin, TX 78717			-	- च्याक
City/State and Zip Code	-	· ·	<u> </u>) []
raresignations@legalzoom.com			AH 8: 3	
E-mail address: (to be used for future annual report notification)	•		_	
For further information concerning this matter, please call:				
800	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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 P.O. Box 6327 Tallahassee, FL 32314

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

TO:

Registration Section Division of Corporations

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provis	sions of section 605.0115. Florida Statutes, the undersi	gned,			
	rporation Agents, Inc.				
Name of Registered Agent		nereby resigns a	S		
Registered Agent for	Calusa Capital Investments LLC				
	Name of Limited Liability Company	-			<u> </u>
L21000255840					
Document	Number, if known				
	tion was mailed to the above listed limited liability co ted and the office discontinued on the 31st day after th			23	
	Signature of Resigning Agent		: : : : : : :	6 - AH	
If signing on behalf of an entity:				œ သ	
	Cheyenne Moseley		4**	~	
	Typed or Printed Name	-			
	Asst. Secretary for United States Corporation Agent	s, Inc.			
	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