

121000253705

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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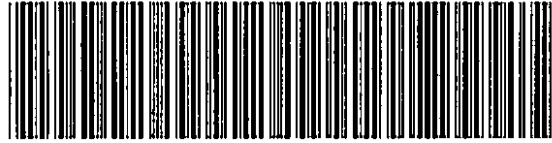
(Business Entity Name)

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*[Handwritten signature]*

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: FLORIDA PANTHERS YOUTH CRICKET ACADEMY LLC  
Name of Limited Liability Company

DOCUMENT NUMBER: 621000283705

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

RANUL JOSHI

Name of Person

FLORIDA PANTHERS YOUTH CRICKET ACADEMY LLC

Name of Firm/Company

13201 SHARS WOOD CIR

Address

ORLANDO, FL 32828

City/State and Zip Code

rsj2828@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PURGA MURDESHWAR

Name of Person

at ( 407 ) -484-7575

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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  
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 605.0115, Florida Statutes, the undersigned,

DURGA S. MURDESHWAR hereby resigns as  
Name of Registered Agent

Registered Agent for FLORIDA PANTHERS YOUTH CRICKET  
ACADEMY LLC  
Name of Limited Liability Company

L21000283705  
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.

D. S. Murdeshwar  
Signature of Resigning Agent

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name  
\_\_\_\_\_  
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

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2022 JUL 26 PM 2:17  
TALLAHASSEE, FL