L21 000 290798

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

Office Use Only



800394560508

63/16/22--01012--018 ++25.00

2022 SEP 16 AH 9: 15

COVER LETTER

TO: Registration Section	
Division of Corporations	•
SUBJECT: Luxury pontoon LLC	
Name of Limited Lia	bility Company
DOCUMENT NUMBER: L21000290798	
The enclosed Resignation of Registered Agent for a Lir for filing.	nited Liability Company and fee are submitted
Please return all correspondence concerning this matter	to the following:
United States Corporation Agents, Inc.	
Name of Person	
Legalzoom.com, Inc.	
Name of Firm/Company	
9900 Spectrum Dr.	
Address	
Austin, TX 78717	
City/State and Zip Code	202
raresignations@legalzoom.com	2022 Sco
E-mail address: (to be used for future annual report notificati	
For further information concerning this matter, please c	
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	is of section 605.0115, Florida Statutes, the under	signed,		
United States Corporation Agents, Inc.		, hereby resigns as		
	Name of Registered Agent	, 0		
Registered Agent for Lu	uxury pontoon LLC			
	Name of Limited Liability Company		,	
L21000290798				
Document Nu	umber, if known			
A copy of this resignation	on was mailed to the above listed limited liability of	company at its last known add	iress.	
The agency is terminate	d and the office discontinued on the 31st day after	the date on which this statem	nent is f	îled.
	Signature of Resigning Agent			
If signing on behalf of a	n entity:		2	
	Cheyenne Moseley		2022 SEP	
	Typed or Printed Name		d IS	
	Asst. Secretary for United States Corporation Age	ents, Inc.	16	
	Capacity		=	£ h
		:	AH 9: 16	
	FILING FEES: \$ 85.00 Active limited liability co \$ 25.00 Administratively dissolve withdrawn limited liabili	ompany ed/voluntarily dissolved/ ty company	16	

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