2/20/23, 12:15 PM

Division of Corporations



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(((H23000065566 3)))



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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INCORPORATING SERVICES, LTD.

Account Number : I20050000052 Phone : (850)656-7956 Fax Number : (850)656-7953

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

LLC REGISTERED AGENT RESIGNATION FLL 2407 KEY LARGO LLC

بمبرو والمراجع والمناف والمبارج بالمراجع والمناف الأفاق والمناور والمراجع	أسبجها ليكناك فتفاق التقاقات فيعجب ويبرجها
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MAR 2 8 2023

H230000655663 COVER LETTER

Registration Section Division of Corporations TO:

SUBJECT: FLL 2407 KEY LARGO LLC		
Name of 1	imited Liability	Company
DOCUMENT NUMBER: L21000309735		
The enclosed Resignation of Registered Ager for filing.	nt for a Limited	Liability Company and fee are submitted
Please return all correspondence concerning t	this matt e r to th	e following:
Westley Look		
Name of Person		
Incorporating Services, Ltd.		
Name of Firm/Company		
3500 S DuPont Highway		
Address		
Dover, DE 19901		
City/State and Zip Code		
wlook@incserv.com		
E-mail address: (to be used for future annual rep	ort notification)	
For further information concerning this matte	er, please call:	
Westley Look	at (531-0703
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

H230000655663

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	s of section 605.011	5, Florida Statutes, the w	ndersigned,			
Incorporating Service	es, Ltd.		, hereby resigns as			
	Name of Registered Age		, neroby resigns as			
Registered Agent for FL	L 2407 KEY LAF	RGO LLC				
	Name of Lin	nited Liability Company			<u>,</u>	1
L21000309735						
Document Nun	nber, if known					
A copy of this resignation. The agency is terminated			after the date on which		nent is	filed
If signing on behalf of an	entity:			- · ·	2023	
	Amanda Archambault Typed or Printed Name Assistant Secretary			-	\Z)	
				•	$\stackrel{\sim}{\sim}$	_
				ā.	7	UH
	<u>FILING</u> \$ 85.00 \$ 25.00	FEES: Active limited liability Administratively disso	y company olved/voluntarily disso ibility company	T DNID:	PH 12: 42	<u>(</u> ;
	Make checks payal	ole to Fiorida Department	of State and mail to:			

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314