# L21000311901

(Requestor's Name)				
(Ad	(dress)			
(Address)				
(	,			
(0)	100 100	16		
(City/State/Zip/Phone #)				
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
(	,			
Cartified Carios	Codificator	of Status		
Certified Copies Certificates of Status				
Special Instructions to	Filing Officer:			

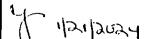




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#### **COVER LETTER**

TO: Registration Section
Division of Corporations

SUBJECT: South Island Consulting L	LC_
Name of Limited Liability	Company
DOCUMENT NUMBER: L21000311901	
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	ne 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	
raresignations@legalzoom.com	
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisio	ns of section 605.0115, Florida S	tatutes, the undersigned,		
United States Corporation Agents, Inc.		, hereby resigns as	harahy racione ac	
	Name of Registered Agent			
Registered Agent for S	outh Island Consulting LLC	<u> </u>		
			•	
	Name of Limited Liability	Company		
L21000311901				
Document No	imber, if known			
A copy of this resignation	on was mailed to the above listed	limited liability company at its last	known address.	
The agency is terminate	d and the office discontinued on	the 31st day after the date on which	this statement is filed.	
	Ch	U		
	Signature of	f Resigning Agent	2	
If signing on behalf of an entity:			2023 E	
	Cheyenne Moseley			
	Typed or Printe	d Name	22	
	Asst. Secretary for United State	s Corporation Agents, Inc.	יבר.	
	Capacity			
			60 :II ;. <i>i</i>	
	FILING FEES: \$ 85.00 Active lines and Administration withdray	mited liability company ratively dissolved/ voluntarily disso vn limited liability company	olved/	

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