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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu:	siness Entity Nan	ne)
(54.	onress Entry Han	ne,
(Do	cument Number)	
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Special Instructions to I		
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Ra Risignation

D CUCHTIO

COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJ	ECT: Mooring Line LLC				
	Name of Limited Liability	y Company			
DOC	UMENT NUMBER: L21000417626				
The er	nclosed Resignation of Registered Agent for a Limited ng.	d Liability Company and fee an	e su	bmitte	ed
Please	return all correspondence concerning this matter to t	he following:			
Unite	d States Corporation Agents, Inc.				
	Name of Person	_			
Legal	zoom.com, Inc.				
 -	Name of Firm/Company	-			
9900	Spectrum Dr.				
	Address	-			
Austii	n, TX 78717				
	City/State and Zip Code	-			
raresi	gnations@legalzoom.com				
E-	mail address: (to be used for future annual report notification)	-		262	
For fu	ther information concerning this matter, please call:		· ;	2	
	at (773-0888	. ·	<u>—</u>	:
	Name of Person at (at (at Code	773-0888 Daytime Telephone Number		27	
Enclos	ed is a check made payable to the Florida Departmen	t of State for \$85.00 for an acti	、 ve l	== imited	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
liabilit	y company or \$25.00 for an administratively dissolve y company.	a, voluntarily dissolved or with	idra	wn ⁵ lin	nited

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 provisions of	of section 605.011	5. Florida Statutes, the unders	igned,			
United States Corpora	ation Agents, Ir	ıc.	hereby resigns as			
	ame of Registered Age	nt	nereby resigns as			
Registered Agent for Moo	oring Line LLC					
	Marris of Lin	Suffering o				
	Name of Lim	ited Liability Company				
L21000417626						
Document Number	er, if known					
A copy of this resignation v	vas mailed to the a	bove listed limited liability co	ompany at its last kno	own addre	SS.	
		ntinued on the 31st day after t				ed
		Signature of Resigning Agent				•••
If signing on behalf of an er	ntity:					
Cheyenne Moseley				2022 KST		
		ped or Printed Name		r == 1 - 1	<u> </u>	1 4
Asst. Secretary for United States Corporation Agents, Inc.		ts, Inc.	•	<u></u>		
		Capacity			T:	. :
				;	=	د. تحد
	\$ 85.00 \$ 25.00	FEES: Active limited liability com Administratively dissolved/ withdrawn limited liability	pany voluntarily dissolve company	d/	: 23	

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