

L21000421468

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

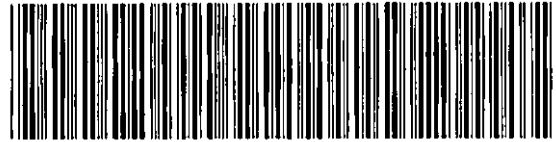
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer.

Office Use Only




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2022 APR 13 PM 3:52  
SECRET  
1A17

2022 APR 13 PM 3:52

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-6243

Please use funds from this account: I20210000160 AMOUNT: 85.00

Authorization Signature:   
1730 Bikini Court, LLC L21000421468  
BUSINESS NAME Document #

☐ Walk in ☐ Pick up time ☐

☐ Mail out ☐ Will wait

☐ Photocopy

☐ Certified Copy of Articles of Incorporation

☐ Certificate of Status

#### NEW FILINGS

☐ Profit  
☐ Not for Profit  
☐ Limited Liability  
☐ Domestication  
☐ Other  
☐ **CORP**

#### AMENDMENTS

☐ Amendment  
☒ Resignation of R.A. Officer/Director  
☐ Change of Registered Agent  
☐ Dissolution/Withdrawal  
☐ Merger  
☐ **Conversion**

#### OTHER FILINGS

☐ Annual Report  
☐ Fictitious Name

☐ APOSTILLE( ) Country:

#### REGISTRATION/QUALIFICATIONS

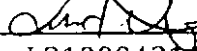
☐ Foreign filing  
☐ Limited Partnership  
☐ Reinstatement

☐ Other

EXAMINER'S INITIALS: \_\_\_\_\_

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**EXAMINER'S INITIALS:** \_\_\_\_\_

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 1730 BIKINI COURT, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L21000421468

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:

Brian Gannon

Name of Person

Name of Firm/Company

1726 BIKINI COURT

Address

CAPE CORAL, FL 33904

City/State and Zip Code

bg123lawyer@gmail.com

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

For further information concerning this matter, please call:

Brian Gannon

Name of Person

at ( 734 )

Area Code

846-0795

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,

DLF Registered Agent Service, LLC

, hereby resigns as

Name of Registered Agent

Registered Agent for 1730 BIKINI COURT, LLC

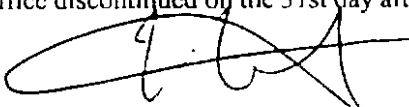
Name of Limited Liability Company

L21000421468

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.



Signature of Resigning Agent

If signing on behalf of an entity:

Michael A Scott

Typed or Printed Name

Manager

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

2022 APR 13 PM 3:19  
FILED