h21000455722

(Requ	estor's Name)			
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificate	s of Status		
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COVER LETTER

TO: Registration Section Division of Corporations	
	•
SUBJECT:	
Name of Limited Liability	Company
DOCUMENT NUMBER: L21000455722	
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	e 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 at (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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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	ons of section 605.0115, Florida Statutes, the unde	rsigned,	SE
United States Corporation Agents, Inc.		_ , hereby resigns as	FILE DOZFEB 22 SEGNELAND
	Name of Registered Agent	, hereby resigns as	82
Registered Agent for Further Fish and Shrimp LLC			2 7
			活の
	Name of Limited Liability Company		50
L21000455722			·
Document N	umber, if known		
A copy of this resignati	ion was mailed to the above listed limited liability	company at its last k	nown address.
The agency is terminate	ed and the office discontinued on the 31st day after	r the date on which t	his statement is filed.
	Signature of Resigning Agent		
If signing on behalf of	an entity:		
	Cheyenne Moseley		
	Typed or Printed Name		
	Asst. Secretary for United States Corporation Ag	ents, Inc.	
	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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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