

L21000476343

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

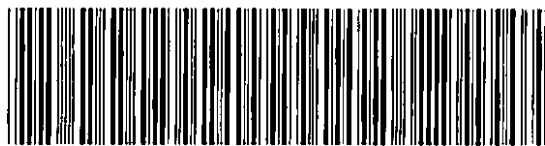
(Business Entity Name)

(Document Number)

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

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11/02/23--01004--013 \*\*85.00

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CLERK OF COURT

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R. HUNT

11/02/23

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

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Your Capital Connection Inc. hereby resigns as  
Name of Registered Agent

Registered Agent for SAMAR 202 Florida Retail LLC  
L21000476343  
Name of Limited Liability Company

7  
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.

Barbara Neely  
Signature of Resigning Agent

If signing on behalf of an entity:

YOUR CAPITAL CONNECTION INC.  
Typed or Printed Name  
Client Rep.  
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withdrawn limited liability company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

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DIVISION OF CORPORATIONS