00018747 <u> 12200</u>

(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:	
Special instructions to Filling Officer:	

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RA Resign. 418/23

COVER LETTER

Division of Corporations
SUBJECT: Rally Tactical LLC Name of Limited Liability Company
DOCUMENT NUMBER: <u>L22000008747</u>
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:
Aoshua Fraujo Name of Person
Name of Firm/Company
2113 Del Prado Blvd. S
Cape. Coral FL 33990 City/State and Zip Code
Feroxequity investments @gmail.com E-mail address! (to be used for future annual report notification)
For further information concerning this matter, please call:
Joshua Araujo at (239) 351-5446 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

TO: Registration Section

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	s of section 605.011	5, Florida Statutes	the undersigned,		
José Ce	11-14-00-2		, hereby	resigns as	
Registered Agent for	Name of Registered Age	Tachcas	<u> </u>	· · -	
	Name of Lin	nited Liability Compar	ıÿ		
LAROUDOC Document Num					
A copy of this resignation	was mailed to the	above listed limited	1 liability company	at its last known address.	
The agency is terminated	and the office disco			on which this statement is	filed.
		Signature of Resign	ing Agent	.	
If signing on behalf of an	entity:			2029 NAR. SECKETA ALL AHAS	J.
-	T	Typed or Printed Name		SEE RY C	
-		Capacity		— / · · · · · · · · · · · · · · · · · ·	
	FILING \$ 85.00 \$ 25.00	Active limited I Administrativel	iability company y dissolved/ volun ted liability compa	tarily dissolved/	

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