220000/0434		
(Requestor's Name) (Address) (Address)	100428168421	
(City/State/Zip/Phone #)	04/23/2401005007 **25.00	
Certified Copies Certificates of Status	2024 APR 23 PH 12: 01	
Office Use Only		

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

#

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

Capito	ol Corporate Services, Inc.	, hereby resigns as	
· · · · · · · · · · · · · · · · · · ·	Name of Registered Agent		
Registered Agent for	NORTH TO	WNE JV, LLC	
L	Name of the Limite	d Liability Company	E 1 2024 APR 23
· · · · · · · · · · · · · · · · · · ·	00010434		APR F
Document M	lumber, if known		. 23
-	ion was mailed to the above listed limited	-	iress. p
The agency is terminat	ed and the office discontinued on the 31st	day after the date on which this statem	ient is filed
	Signature of Resignir		01
	organica or resigni		
If signing on behalf of	an entity:		
	Yvette Cleveland	d	
	Typed or Printed Name		
	Assistant Secreta	ry	
	Capacity		
	FILING FEES:		

- \$ 85.00
- Active limited liability company Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company \$ 25.00

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



INHS17 (2/14)