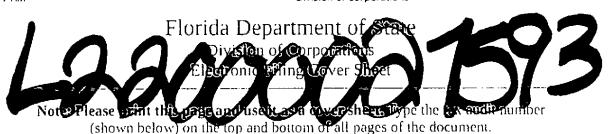
Division of Corporations



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From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:\_\_\_

## LLC REGISTERED AGENT RESIGNATION SERENSHORES, LLC

Certificate of Status	0
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Page Count	02
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T. LEMIEUX

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To: 18506176383

Fax: 8134365206

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

Pursuant to the provisions of section 605.011.	5. Florida Statutes, the undersigned.	
REGISTERED AGENTS, INC. Name of Registered Age	. hereby	resigns as
Registered Agent for SERENSHORES, LLC		
Name of Lim	nited Liability Company	,
L22000027593		
Document Number, if known	<del></del>	
A copy of this resignation was mailed to the a	above listed limited liability company	at its last known address.
The agency is terminated and the office disco	ntinued on the 31st day after the date	on which this statement is filed.
JDav	Signature of Resigning Agent	
If signing on behalf of an entity:		2024 ( SECTA
Т	yped or Primed Name	E IL  2024 FEB -8  SECHETAR  TALLARA
FILING	Capacity  FEFS:	ECTARY OF STATE TALLAHASSEE FI
\$ 85.00 \$ 25.00	Active limited liability company Administratively dissolved/volunt withdrawn limited liability compa	tarily dissolved/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