L22000124320

(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:		

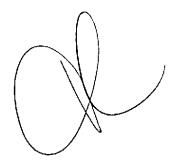




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IALLAHASSEE, FL



COVER LETTER

TO: Registration Section Division of Corporations

_{suвјест:} Cape Coral Crush Baseba		
Name of Limited Liability	Company	
DOCUMENT NUMBER: L22000124320		
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	2023	
9900 Spectrum Dr.	2023 OCT 31	
Address	25. W	
Austin, TX 78717	SSE 3	Ě
City/State and Zip Code	SSEE, FL	27
raresignations@legalzoom.com		
E-mail address: (to be used for future annual report notification)	•	
For further information concerning this matter, please call:		
at (773-0888	
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

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 provisi	ons of section 605.0115, Florida Statutes, the unders	igned,	
United States Cor	hereby resigns as		
Name of Registered Agent		thereby resigns as	
Registered Agent for _	Cape Coral Crush Baseball LLC		
	Name of Limited Liability Company	·	
L22000124320			
Document l	Number, if known		
-	tion was mailed to the above listed limited liability co	02:	
	Signature of Resigning Agent	31 AM	
lf signing on behalf of	an entity:	14.3. 15.51	
	Cheyenne Moseley	1 E	
	Typed or Printed Name		
	Asst. Secretary for United States Corporation Ager	nts, 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