127000145139

(Requestor's Name)				
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67/02/24 H010:1 H002 *#25.00



STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions	s of section 605.0115, Florida Statutes, the	e undersigned,		
Capitol	Corporate Services, Inc.	, hereby resigns as		
)	Name of Registered Agent			
Registered Agent for	ALLIGATOR F	IOMES LLC		
			₹ ₅ ,	28
	Name of the Limited I	Liability Company		2024 APR 2
L22000	145139			
Document Num	ber, if known		, ·	22 AH
A copy of this resignation	was mailed to the above listed limited lia	ability company at its last kn	own addre	ے خد
The agency is terminated	and the office discontinued on the 31st da	ay after the date on which th	is statemer	on nt 1847iled.
	Signature of Resigning			
If signing on behalf of an	entity:			
	Yvette Cleveland			
	Typed or Printed Name			
	Assistant Secretary	,		
•	Capacity			

FILING FEES:

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withdrawn limited liability company \$ 85.00 \$ 25.00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



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