Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CAPITOL CORPORATE SERVICES, INC.

Account Number : I20160000048 Phone

: (800)345-4647

Fax Number

: (800)432-3622

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

| Fmail Address: |   |          |  |
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## LLC REGISTERED AGENT RESIGNATION 9TH STREET INVESTMENT LLC

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 0       |
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Electronic Filing Menu

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K. SALY

OCT - 2 2025

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

| Pursuant to the provisions of   | section 605.0115, Florida Statutes, the undersigned,         |                                |
|---------------------------------|--|--------------------------------|
| Capitol Co                      | rporate Services, Inc, hereby resig                          | ns as                          |
| Name                            | of Registered Agent  |                                |
| Registered Agent for            | 9TH STREET INVESTMENT LLC                                    |                                |
|                                 | Name of the Limited Liability Company                        |                                |
| L2200014                        | 7853   |                                |
| Document Number,                |  |                                |
| A copy of this resignation wa   | s mailed to the above listed limited liability company at it | s last known address.          |
| The agency is terminated and    | the office discontinued on the 31st day after the date on v  | which this statement is filed. |
|                                 | Bin Brelevki   | 3                              |
|                                 | Signature of Resigning Agent                                 | 수는 등 _                         |
| If signing on behalf of an enti | ty:  | FILE<br>PAS OCT -1 P           |
|                                 | Brian Radecki  | ASSI                           |
|                                 | Typed or Printed Name  |                                |
|                                 | Assistant Secretary  |                                |
| _                               | Capacity   | PH 3: 03                       |
|                                 |  | ***                            |

Active limited liability company
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

INHS17 (2/14)

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