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Account Name : GUNSTER, YOAKLEY & STEWART, P.A.

Account Number : 076117000420 Phone : (561)650-0728 Fax Number : (561)671-2527

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## LLC REGISTERED AGENT RESIGNATION TAMPA PCB & CUSTOM CABLE COMPANY, LLC

| Certificate of Status | 0       |
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## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

| Pursuant to the provision  | s of section 605.0115           | 5. Florida Statutes, the undersigned,   |                      |
|----------------------------|---------------------------------|---|----------------------|
| MICHAEL V. HARGETT         | , hereby resigns as             |   |                      |
|                            | Name of Registered Ages         | nt , no coy resigns as  |                      |
| Registered Agent for TA    | MPA PCB & CUSTO                 | M CABLE COMPANY, LLC  |                      |
|                            | Nome of Line                    | ited Liability Company  | <b>·</b>             |
|                            | Name of Lan                     | пси гларину Соптрану  |                      |
| L22000183875               |                                 |   |                      |
| Document Nur               | nber, if known                  |   |                      |
| A copy of this resignation | n was mailed to the al          | bove listed limited liability company at its last known   | address.             |
| The agency is terminated   | and the office discor           | ntiffeed on the 31 and as after the class on which this sta   | tement is filed      |
|                            | _////                           | 4/1/4/  |                      |
|                            |                                 | Signature of Resigning Agent  |                      |
| lf signing on behalf of an | entity:                         |   |                      |
|                            |                                 |   |                      |
|                            | I)                              | ped or Printed Nume   | 21                   |
|                            |                                 | Capacity  | 324 JE.              |
|                            |                                 |   | _                    |
|                            | FILING:<br>\$ 85.00<br>\$ 25.00 | FEES: Active limited liability company Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company | 2024 JUNE 11 PM 1:43 |
|                            | Make checks payabl              | le to Florida Department of State and mail to:<br>Division of Corporations<br>P.O. Box 6327<br>Tallahassee, FL 32314          |                      |

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