L22000279133

(Requestor's Name)					
(Address)					
(Address)					
(rodiess)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Dusiness Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
1 mills					

Office Use Only



700418287927

11/02/28--01008--024 **25.00



COVER LETTER

Off The Tee Poy II C
SUBJECT: Off The Tee Box LLC Name of Limited Liability Company
DOCUMENT NUMBER: L22000279133
The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
United States Corporation Agents, Inc.
Name of Person
Legalzoom.com, Inc.
Name of Firm/Company
9900 Spectrum Dr.
Address
Austin, TX 78717
City/State and Zip Code
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

TO:

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 provisions of se	ction 605.0115, Florida Stat	utes, the undersigned,	
United States Corporation Agents, Inc.		, hereby resigns a	as
Name o	f Registered Agent	,	~~
Registered Agent for Off The	Tee Box LLC		
	Name of Limited Liability Co	npany	 ,
L22000279133			
Document Number, if	known		
A copy of this resignation was	mailed to the above listed lin	nited fiability company at its la	st known address.
The agency is terminated and the	ne office discontinued on the	31st day after the date on which	ch this statement is filed.
	Signature of Re	Signing Agent	023 NOV -
If signing on behalf of an entity:			2 PH
Cheyenne Moseley			The state of the s
	Typed or Printed N	ame	မှ မြောင်း (၁. ၁ (၁. ၁
Asst.	Secretary for United States C	orporation Agents, 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