

L22 000 310 317



(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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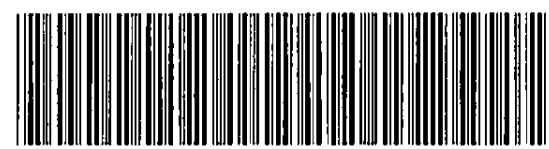
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NationsTrust Capital, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L22000310317

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:

Courtney Villanueva

Name of Person

Main Street Business Services, LLC

Name of Firm/Company

1883 W Royal Hunte Dr Ste 200

Address

Cedar City, UT 84720

City/State and Zip Code

courtney@mainstreetbusiness.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Courtney Villanueva

435

288-0922 ext 2026

Name of Person

at ()

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Registered Agent Solutions, Inc. _____, hereby resigns as

Name of Registered Agent

Registered Agent for NationsTrust Capital, LLC _____

Name of Limited Liability Company

L22000310317 _____

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.



Signature of Resigning Agent

If signing on behalf of an entity:

Samantha Niels _____

Typed or Printed Name

Assistant Secretary _____

Capacity

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CLERK OF STATE
TALLAHASSEE, FL

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