Florida Department of State Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 : (307)200-2803 Phone Fax Number : (855)330-1010

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

Email Address:_

LLC REGISTERED AGENT RESIGNATION **CONSTANTA PRIME LLC**

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AUG 2 9 2022

K. Brumbiay

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.011	5, Florida Statutes, the	e undersigned,	
Registered Agents Inc.		, hereby resigns as	
Name of Registered Age			
Registered Agent for Constanta Prime	e LLC		
		· · · · · · · · · · · · · · · · · · ·	
Name of Lin	nited Liability Company		
L22000339416			
Document Number, if known			
A copy of this resignation was mailed to the	above listed limited lia	ability company at its last known addre	ess.
The agency is terminated and the office disco	ontinued on the 31st da	ay after the date on which this statemen	nt is filed.
Bei	Signature of Resigning	Agent	
If signing on behalf of an entity:		<u>>≤0</u>	20
Bill Havre		7-20 7-20 7-20	APPR AP FIL 2022 AHE 20
Т	Typed or Printed Name		5 _ A
Assistant Sec	retary		
	Capacity		m
		From And Inc.	£ 17
FILING	FEES:)
\$ 85.00 \$ 25.00	Active limited habit Administratively discontinuity withdrawn limited	illity company lissolved/ voluntarily dissolved/ Hiability company	

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314