L22000349452

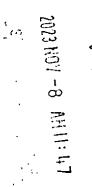
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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Tanglewood Aquatic Tech				
Name of Limited Liability Company				
DOCUMENT NUMBER: L22000349452				
The enclosed Resignation of Registered Agent for a Limited for filing.	d Liability Company and fee are submitted			
Please return all correspondence concerning this matter to the	ne 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:				
800	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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 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 provis	sions of section 605.0115, Florida Statutes, the under	rsigned,	
United States Corporation Agents, Inc.		, hereby resigns as	
	Name of Registered Agent	, hereby resigns as	
Registered Agent for	Tanglewood Aquatic Technologies LLC		_
	Name of Limited Liability Company		<u>_</u> ·
L22000349452			
Document	Number, if known		
A copy of this resigna	ation was mailed to the above listed limited liability of	company at its last known address	5.
The agency is termina	ated and the office discontinued on the 31st day after	the date on which this statement	is filed.
	Signature of Resigning Agent	2023 NOV	ر آرا ً:
If signing on behalf o	fan entity:	1. 97	cmarts cmarts
	Cheyenne Moseley	8	प्र इ.स.
	Typed or Printed Name	مليد ماني: ماني: ماني:	7 C U
	Asst. Secretary for United States Corporation Age	ents, Inc.	te.
	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