

L22-000356986

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

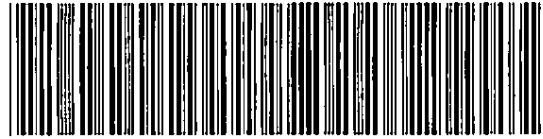
(Business Entity Name)

(Document Number)

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Re Resignation

APR 27 2023

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Victory Supafast Baypark and Transportation  
Name of Limited Liability Company

**DOCUMENT NUMBER:** 111000351981

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:

Alexis Cooper  
Name of Person

Elammhouse LLC  
Name of Firm/Company

5503 William Grant Way apt 102  
Address

Tampa FL 33610  
City/State and Zip Code

cooperalexis44@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alexis Cooper at (305) 417 2274  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

2006 FEB 13 AM 11:00

FILED

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

Alexis Cooper, hereby resigns as  
Name of Registered Agent

Registered Agent for Victory Support & Daycare and Transportation  
Name of Limited Liability Company

1220000356986  
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.

Alexis Cooper  
Signature of Resigning Agent

If signing on behalf of an entity:

Alexis Cooper  
Typed or Printed Name  
Title member / registered agent  
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

FILED  
2023 FEB 13 AM 11:51  
TALLAHASSEE, FL