Division of Corporations

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To:

Division of Corporations

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From:

Account Name : REGISTERED AGENTS INC.

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

: (813)436-5206

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 PENSACOLA VENTURES LLC

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M. SOLOMON JUN 2 8 2024

Electronic Filing Menu — Corporate Filing Menu

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JUN 28

6/27/2024 17:10:25 PDT - * To: 18506176383 Page: 2/2 Fax: 9134365206

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115. Florida Statutes, the undersigned,			
REGISTERED AGENTS, INC. , hereby resigns as			
Name of Registered Agent			
Registered Agent for PENSACOLA VENTURES LLC			
		_	
Name of Limited Liability Company			
L22000367078			
Document Number, if known			
A copy of this resignation was mailed to the above listed limited liability company at its last known	ı addres	S.	
The agency is terminated and the office discontinued on the 31st day after the date on which this sta	atemeni	is filed	1_
Signature of Resigning Agent			
If signing on behalf of an entity:			
David Roberts	25 C/2	2024 JUN 28	
Typed or Printed Name	CRETARY	ي	Ti
Assistant Secretary	25	Ξ	
Capacity	SEA SEA	œ	!
		3	
	10.3 71.5	PM 1: 50	0
FILING FEES: \$ 85.00 Active limited liability company \$ 25.00 Administratively dissolved/ voluntarily dissolved/	OF STATE FLORID <i>IE</i>	50	

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

withdrawn limited liability company