Division of Corporations

## Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

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

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## LLC REGISTERED AGENT RESIGNATION 20400 COUNTRY CLUB LLC

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 0       |
| Page Count            | 02      |
| Estimated Charge      | \$85.00 |

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Help

4/24/2024 10:39:45 PST To: 18506176383 Page: 2/2 Fax: 8134365206

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

| Pursuant to the provisio   | ns of section 605.011:         | <ol><li>Florida Statutes, the under</li></ol>   | rsigned.  |             |                             |
|----------------------------|--------------------------------|---|---|-------------|-----------------------------|
| REGISTERED AG              | GENTS, INC.                    |   | , hereby resigns as                               |             |                             |
|                            | Name of Registered Ager        |   | , · · · · · ·                                     |             |                             |
| Registered Agent for       | 20400 COUNTE                   | RY CLUB LLC   |   |             |                             |
|                            | Name of Lim                    | ited Liability Company  | <del></del>                                       |             | <del></del> '               |
| L23000035235               |                                |   |   |             |                             |
| Document No                | umber, if known                |   |   |             |                             |
| A copy of this resignation | on was mailed to the a         | bove listed limited liability   | company at its last kno                           | wn add      | ress.                       |
| The agency is terminate    | ed and the office disco        | ntinued on the 31st day afte  | r the date on which this                          | statem      | ent is filed                |
|                            |                                | Wid Boert S.<br>Signature of Resigning Agent  |   |             |                             |
| If signing on behalf of a  | in entity:                     |   |   |             |                             |
|                            |                                | David Roberts   |   |             |                             |
|                            | T                              | yped or Printed Name  |   |             |                             |
|                            | As                             | ssistant Secretary  |   |             |                             |
|                            |                                | Сарасіту  | -   | 2024 APR 24 | :                           |
|                            | FILING<br>\$ 85.00<br>\$ 25.00 | FEES: Active limited liability of Administratively dissolve withdrawn limited liabiles. | ompany<br>ed/ voluntarily dissolve<br>ity company | 24 PM 6: 02 | rak <u>o</u> li<br>Politika |
|                            | Make checks payah              | ole to Florida Department of<br>Division of Corporations<br>P.O. Box 6327               | State and mail to:                                |             |                             |

Tallahassee, FL 32314