L23000068461

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



900422026499



COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Predator Spearfishing LLC	
Name of Limited Liability Company	,
DOCUMENT NUMBER: L23000068461	<u> </u>
The enclosed Resignation of Registered Agent for a Limited Liability for filing.	
Please return all correspondence concerning this matter to the following	2024 JAN 17 MINO: 33
United States Corporation Agents, Inc.	后 全
Name of Person	5 7
Legalzoom.com, Inc.	
Name of Firm/Company) · 5
9900 Spectrum Dr.	\mathcal{L}_{ij}
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:	
800 773-088	38
	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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provision	ons of section 605.0115, Florida Statutes, the under	signed,	
United States Corporation Agents, Inc hereb		hereby resigns as	
		nereby resigns as	
Registered Agent for _	Predator Spearfishing LLC		_
	Name of Limited Liability Company		_•
L23000068461			
Document N	umber, if known		
A copy of this resignati	on was mailed to the above listed limited liability c	ompany at its last known address.	
The agency is terminate	ed and the office discontinued on the 31st day after Signature of Resigning Agent	the date on which this statement in the date on the date on which this statement in the date on the date on the date of the date on the date of the da	s filed.
If signing on behalf of a	un entity:	01. A	, -
	Cheyenne Moseley		,
	Typed or Printed Name		
	Asst. Secretary for United States Corporation Age Capacity	ills, inc.	

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