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Division of Corporations

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To:

Division of Corporations
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Account Name : DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO & BOZARTH, P.A.
Account Number : 076077001702
Phone : (407)841-1200
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**LLC REGISTERED AGENT RESIGNATION
NOBLE SPORTFISHING II, LLC**

Certificate of Status	0
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K. SALY

DEC - 6 2024

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

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

DEAN MEAD SERVICES, LLC

Name of Registered Agent

Registered Agent for _____

NOBLE SPORTFISHING II, LLC

Name of Limited Liability Company

L23000177024

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.

Dean Mead Services, LLC

By: _____

Signature of Resigning Agent

If signing on behalf of an entity:

Christopher R. D'Amico, Esq.

Typed or Printed Name

Vice President of Sole Member

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withdrawn limited liability company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

INHS17 (2/14)

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