Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)205-0380

From:

Account Name : KATZ, BARRON, SQUITERO AND FAUST

Account Number : 072627002473

Phone : (305)856-2444

Fax Number

: (305)285-9227

## REGISTERED AGENT RESIGNATION

RUGGED SHARK, LLC

Certificate of Status 0 Certified Copy 01 Page Count \$87.50 Estimated Charge

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Corporate Filing Menu

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CM

Amendment Section

T-838 P.002/003 F-382

## **COVER LETTER**

Division of Corporations				
SUBJECT: Rugged Shark, LLC				
(	Name of	Corporation	on)	
DOCUMENT NUMBER:_M000000008	824			
The enclosed Resignation of Registered Ag	gent for a	• Согрога	ation and fee are submitted for fili	ng.
Please return all correspondence concerning	g this m	atter to th	ne following:	
Robin Carney		`		
(Name of Person)	• • •			
Katz Barron Squitero Faust				
(Name of Firm/Company)		·	•	
2699 S. Bayshore Drive, 7th Floor				,
(Address)			•	•
Miami, Florida 33133				
(City/State and Zip Code)			•	
For further information concerning this mat	tter, plea	se call:		
Robin Carney	at (	305 Y	856-2444	
(Name of Person)	(A	rea Code	& Daytime Telephone Number)	

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallabassee, FL 32301

Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of s	sections 607.0502(2), 617.0502(2), 607.1509, or 61	7.1509,			
Florida Statutes, the undersigned, Corpco, Inc.					
(Name of Registered Agent)					
hereby resigns as Registered Agent for Rugged Shark, LLC					
	(Name of Corporation)	<u></u> -			
M00000000824					
(Document Number, if know	own)				
A copy of this resignation was mailed to the above listed corporation 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.					
å	(Signature of Resigning Agent)	· <del>-</del>			
·	(2)Bustage of presiding Affects)	·			
If signing on behalf of an entity	ry:	SE SE			
Erica L. £	English	F I I			
•	(Typed or Printed Name)	- SKY <b>-</b> ■			
Vice-Pres	sident				
<del> </del>	(Capacity)				

## Fee for filing this document:

\$87.50 - Active corporation
\$35.00 - Administratively dissolved/voluntarily dissolved/
withdrawn corporation

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