## M13000005863

(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:	
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Office Use Only



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S. CHATHENI NOV 15 2023

> 2023 NOV IL M 8: 27 CEIVED SECRETARY OF STATE OF STATE

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195						
REFERENCE : 113129 8323810						
AUTHORIZATION: Jones Ble war						
COST LIMIT : \$ 85.00						
ORDER DATE : November 6, 2023						
ORDER TIME : 1:13 PM						
ORDER NO. : 113129-005						
CUSTOMER NO: 8323810						
CHANGE OF AGENT						
NAME: SURFSIDE COFFEE COMPANY LLC						
NAME: SURFSIDE COFFEE COMPANI LLC						
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:						
CERTIFIED COPY XX PLAIN STAMPED COPY						
AN LIMIN DIRECTO COLL						
CONTACT PERSON: Unassigned EXT#						

EXAMINER:

## **COVER LETTER**

SUBJECT: Surfside Coffee Company LLC Name of Lin	nited Liability	Company
DOCUMENT NUMBER: M13000005863	ilitea thaoiniy	Company
The enclosed Resignation of Registered Agent for filing.	for a Limited	Liability Company and fee are submitted
Please return all correspondence concerning this	is matter to th	ne following:
RESIGNATIONS DEPARTMENT		
Name of Person		
CORPORATION SERVICE COMPANY		·
Name of Firm/Company		
251 LITTLE FALLS DRIVE		
Address		
WILMINGTON, DE 19808		
City/State and Zip Code	<del> </del>	
ANNUALREPORTS@CSCGLOBAL.COM		•
E-mail address: (to be used for future annual report	notification)	
For further information concerning this matter.	please call:	
RESIGNATION DEPT	800	927-9801
Name of Person	Area Code	Daytime 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

**TO:** Registration Section Division of Corporations

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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

Pursuant to the provis	sions of section 605.0115. Flo	orida Statutes, the undersigned,		
CORPORATION SER	v resigns as			
	(43)513 43			
Registered Agent for	Surfside Coffee Company LLC			
	Name of Limited L	ability Company		
M13000005863				
Document	Number, if known			
A copy of this resigna	ntion was mailed to the above	listed limited liability compan	y at its last known address.	
The agency is terminate		ed on the 31st day after the dat	e on which this statement is fil	led.
	alixis W.	uland-Sanson, Asp	202 SEI T/	
	Sign	ature of Resigning Agent	- 3 <b>16</b>	C. T.
If signing on behalf o	f an entity:		2023 NOV 14 SECRETARY TALLAHAS	C-#2000
	BY ALEXXIS WEILAND-SORENSON		0,	Program F
	Typed o	or Printed Name	OF S	<del>دمدا</del> ا
	ASSISTANT VICE PRES	IDENT	8: 27 STATE . FL	U
	Ca	pacity	- IE	

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