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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (614)573-3996

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

Email Address: cls-agentresignations@wolterskluwer.com

## LLC REGISTERED AGENT RESIGNATION AS TRITON LLC

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T. LEMIEUX

JAN 17 2024

ISHS17 (2/14)

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

	ons of section 605.0115. Florida Statutes, the undersigned,	
C T CORPORATION S	SYSTEM, hereby resigns a	15
	Name of Registered Agent	
Registered Agent for A	S TRITON LLC	
	Name of Limited Liability Company	·
M14000006194		
Document N	umber, if kikiwn	
A copy of this resignati	on was mailed to the above listed limited liability company at its las	t known address.
The agency is terminate	ed and the office discontinued on the 31st day after the date on whic	h this statement is filed.
	•	
	Mancy Holm - Brown Signature of Resigning Agent	
	Signature of Resigning Agent	
If signing on behalf of a	an entity:	
	NANCY HELM-BROWN	
	Typed or Printed Name	
	ASSISTANT SECRETARY	
	Capacity	
	### FILING FEES:  \$ 85.00 Active limited liability company  \$ 25.00 Administratively dissolved/voluntarily diswithdrawn limited liability company	solved <i>i</i>
	Make checks payable to Florida Department of State and mail to: Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	2024 J.111 1.6