## M14000003634

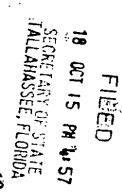
Office Use Only



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OCT 23 2018 S. YOUNG



## Resignation of Registered Agent for a Foreign Limited Liability Company

Capitol Corporate Services, Inc.

PO Box 1831

Austin, TX 78767

Phone: (800) 345-4647 Fax. (800) 432-3622

regagent@capitolservices.com

Secretary of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 DATE: STATE: 10/10/2018 FLORIDA

**REP UNIT:** 

STATUS USA MARITIME

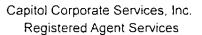
CORPORATION, LLC

Enclosed for filing please find a Resignation of Registered Agent for a Foreign Limited Liability Company for the above referenced name, which is to be filed in your office. Enclosed is check # 30319 in the amount of 25.00 for the filing fee. After filing, please return the file-stamped copy in the enclosed self-addressed envelope. If you have any questions please call (800) 345-4647 and ask for the Registered Agent Department.

Please return file-stamped copy to the following address:

Capitol Corporate Services, Inc. PO Box 1831 Austin, TX 78767

18 OCT 15 PH 4.5
SECRETARY OF STATE
TALLAMASSEE FLORID





## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: STATUS USA MARITIE	ME CORPORATION, LLC
Name of Limite	d Liability Company
DOCUMENT NUMBER: M1600003634	<u> </u>
The enclosed Resignation of Registered Agent for for filing.	a Limited Liability Company and fee are submitted
Please return all correspondence concerning this management	natter to the following:
Casey Bice Name of Person	
Capitol Corporate Services, Inc. (Registered Name of Firm/Company	
PO Box 1831 Address	8 OCT ALLAHA
Austin, TX 78767  City/State and Zip Code	FILED CT 15 PH CT ANY OF S HASSEE, FL
regagent@capitolservices.com E-mail address: (to be used for future annual report not	ification) ORIDA 57
For further information concerning this matter, ple	ase call:
Casey Bice at (	800 ) 345-4647 Area Code Daytime Telephone Number
Enclosed is a check made payable to the Florida D liability company or \$25.00 for an administratively liability company.	epartment of State for \$85.00 for an active limited dissolved, voluntarily dissolved or withdrawn limited
MAILING ADDRESS:	STREET ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle
Tallahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

INHS17 (2/14)

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

Pursuant to the provisions	of section 605.0115, Florida Statutes, the undersigned.
Capitol	Corporate Services, Inc. hereby resigns as
	Name of Registered Agent
Registered Agent for	STATUS USA MARITIME CORPORATION, LLC
L	Name of the Limited Liability Company
	0003634
Document Num	ber, 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.
	$\Omega$
-	Signature of Resigning Agent
If signing on behalf of an	entity:
	Jason Fischer
	Typed or Printed Name
	Assistant Secretary
<del>-</del>	Capacity

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

FILING FEES:
\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company