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Division of Corporations

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From:

Account Name : C T CORPORATION SYSTEM

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

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LLC REGISTERED AGENT RESIGNATION SHRIMP BASKET INTERMEDIATE HOLDINGS, LLC

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STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisi	ons of section 605.0115. Florida Statutes, tl	he undersigned.		
C T CORPORATION SYSTEM		, hereby resigns as	heroby rocione as	
	Name of Registered Agent	, revery resigns as		
Registered Agent for _				
SHRIMP BASKET INT	FERMEDIATE HOLDINGS, LLC			
	Name of Limited Liability Company			•-
M17000006019				
Document (Number, if known			
A copy of this resignat	ion was mailed to the above listed limited l	iability company at its last known	address.	
The agency is terminal	ted and the office discontinued on the 31st of		itement is	s filed.
	Nancy Helm - Eq. Signature of Resigning	OSPS	207 ·	
If signing on behalf of		ş rigetii	2024 APR	."
3 3	NANCY HELM-BROWN		- 8 - 8	;
	Fyped or Printed Name ASSISTANT SECRETARY			
	Capacity		AH 10: 58	
	FILING FEES: \$ 85.00 Active limited lia \$ 25.00 Administratively withdrawn limite	bility company dissolved/ voluntarily dissolved/ d liability company		

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