

M19 0000 12183

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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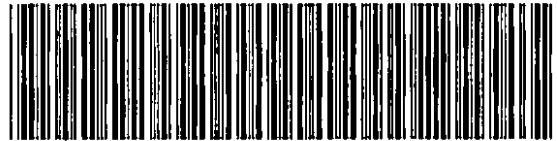
(Business Entity Name)

(Document Number)

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APR 06 2022

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2022 MAR 21 AM 6:49

SECRETARY OF STATE

TALLAHASSEE, FL

**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

SCARLET OAK CAPITAL, LLC

Name of the Limited Liability Company

M19000012183

Document Number, 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.



Signature of Resigning Agent

If signing on behalf of an entity:

Yvette Cleveland

Typed or Printed Name

Assistant Secretary

Capacity

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withdrawn limited liability company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