4/19/22, 5:04 PM

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000142136 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Incorporating Servic

Fax Number : (850)617-6383

From:

Account Name : INCORPORATING SERVICES, LTD.

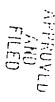
Account Number : 120050000052 Phone : (850)656-7956 Fax Number : (850)656-7953

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

Email Address:___

LLC REGISTERED AGENT RESIGNATION CAPITALSEA (FL) LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$85.00



Electronic Filing Menu Corporate Filing Menu

Help

H220001421363 **COVER LETTER**

Registration Section Division of Corporations TO:

Incorporating Servic

SUBJECT: CAPITALSEA (FL) LLC	
Name of Limited Liability	Сотряну
DOCUMENT NUMBER: M20000010360	
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	ne following:
Westley Look	
Name of Person	
Incorporating Services, Ltd.	
Name of Firm/Company	•
3500 S DuPont Highway	
Address	-
Dover, DE 19901	
City/State and Zip Code	•
wlook@incserv.com	
E-mail address: (to be used for future annual report notification)	-
For further information concerning this matter, please call:	
Westley Look 302	531-0703
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

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

STREET ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Haa0001421363

Incorporating Servic

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 60	5.0115, Florida Statutes, inc	e imaersignea,	
Incorporating Services, Ltd.		, hereby resigns as	
Name of Register	ed Agent		
Registered Agent for CAPITALSEA	(FL) LLC		_
Name	of Limited Liability Company		>
M20000010360			
Document Number, if known			
		ability company at its last known address ay after the date on which this statement	
_ 	Signature of Resigning	hambaut	
If signing on behalf of an entity:			
	Amanda Archambaul	lt	
	Typed or Printed Name Assistant Secretary	2022 APR 2	
	Capacity	PR 25 AM	APPROVE AND FILED
\$ 8	LING FEES: 35.00 Active limited liab 25.00 Administratively d	dissolved/ voluntarily dissolved/.	E C

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