## M22000005812

	(Requestor's Name)
	(Address)
-	(Address)
	(City/State/Zip/Phone #)
	(City/State/21p/Fnone #)
PICK-UI	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	s to Filing Officer:
	13
	Walle Car

Office Use Only



600428173816

04/24/24--01007--017 \*\*85.00

2024 APR 24 AM 11:51

TI EM



## 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:

4/16/2024 FLORIDA

STATE: REP UNIT:

6301 PINE TREE DRIVE, 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 # 34164 in the amount of \$85.00 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

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

Pursuant to the provision	ns of section 605.0115. Florida Statutes, the undersigned,	
Capito	Corporate Services, Inc, hereby resigns as	
	Name of Registered Agent	
Registered Agent for	6301 PINE TREE DRIVE, LLC	
	Name of the Limited Liability Company	
M2200	0005812	
	mber, if known	
A copy of this resignation	on was mailed to the above listed limited liability company at its last known address	<b>S</b> .
The agency is terminate	d and the office discontinued on the 31st day after the date on which this statement	is filed
	and the same of th	
	Signature of Resigning Agent	
If signing on behalf of a	Yvette Cleveland  Typed or Printed Name	1
	Yvette Cleveland	) T
	Typed or Printed Name	 [11]
	Assistant Secretary Secretary	: 5
	Assistant Secretary Capacity	-
		Л
	FILING FEES: \$ 85.00 Active limited liability company \$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company	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