

M 220 000 118 31

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400416185764

09/26/21 --01006--004 \*\*25.00

SECRETARY OF STATE  
ALLIANCE STATE FILING

2023 SEP 26 AM 7:04

FILED



**CAPITOL  
SERVICES**

**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: 9/19/2023  
STATE: FLORIDA  
REP UNIT: TAMPA FLOW 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 # 33479 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

---

Capitol Corporate Services, Inc.  
Registered Agent Services



24-219320G

FILED  
2023 SEP 26 AM 7:05

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

TAMPA FLOW LLC

Name of the Limited Liability Company

M22000011831  
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withdrawn limited liability company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

INHS17 (2/14)



Return Acknowledgement to:  
Capitol Corporate Services, Inc.  
PO Box 1831  
Austin, TX 78767  
800 345.4647