Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone

: (307)200-2803

Fax Number

: (813)436-5206

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 LAUNCH TITANS LLC

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K. SALY

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5/14/2024 09:57:09 PCT To: 18506176383 Page: 2/2 Fax: 8134365206

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,	~ E ~
REGISTERED AGENTS, INC. , hereby resigns as	電表で
Name of Registered Agent	到了
Registered Agent for LAUNCH TITANS LLC	- ** **
Name of Limited Liability Company	<u> </u>
M2400004023	Alli-
Document Number, if known	
A copy of this resignation was mailed to the above listed limited liability company at its last k	nown address.
The agency is terminated and the office discontinued on the 31st day after the date on which the	his statement is filed.
Signature of Resigning Agent	
If signing on behalf of an entity:	
David Roberts 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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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