

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet  
**L18000142315**

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.

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To: Division of Corporations  
Fax Number : (850) 617 6383

From: Account Name : INCORP SERVICES INC  
Account Number : 170120000007  
Phone : (702) 866-2500  
Fax Number : (702) 866 2689

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PALM BEACHES, FLORIDA

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

Email Address: documents@incorp.com

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SECRETARY OF STATE  
PALM BEACHES, FLORIDA

LLC REGISTERED AGENT RESIGNATION  
SALVAJE MIAMI, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$85.00

MAY 19 2021

M. SOLOMON

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SALVAJE MIAMI, LLC  
Name of Limited Liability Company

DOCUMENT NUMBER: L18000142315

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Wendy Hefley  
Name of Person

Incorp Services, Inc.  
Name of Firm/Company

3773 Howard Hughes Parkway, Suite 500S  
Address

Las Vegas, NV 89169-6014  
City/State and Zip Code

processing@incorp.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Incorp Services, Inc./Wendy Hefley at (702) 866-2500 ext 6904  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Incorp Services, Inc. \_\_\_\_\_, hereby resigns as  
Name of Registered Agent

Registered Agent for **SALVAJE MIAMI, LLC**

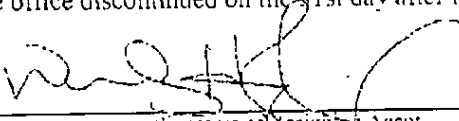
Name of Limited Liability Company

L18000142315

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:

Wendy Hefley for Incorp Services, Inc.

Typed or Printed Name

Authorized Representative \_\_\_\_\_

Capacity

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
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**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