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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : PETERSON & MYERS PA
Account Number : I20080000078
Phone : (863)683-6511
Fax Number : (863)688-8099

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

Email Address: awalls@petersonmyers.com

2025 JUL 29 AM 9:58

LLC REGISTERED AGENT RESIGNATION
LUCA HOSPITALITY GROUP DUNEDIN, LLC

Certificate of Status	0
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JUL 30 2025

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LUCA HOSPITALITY GROUP DUNEDIN, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L21000447595

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:

AMANDA L. WALLS
Name of Person

PETERSON & MYERS, P.A.
Name of Firm/Company

225 E LEMON ST, STE 300
Address

LAKELAND, FL 33802
City/State and Zip Code

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

For further information concerning this matter, please call:

AMANDA L. WALLS at (863) 683-6511
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$85.00 for an active limited liability company or $25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

AMANDA L. WALLS , hereby resigns as
Name of Registered Agent

Registered Agent for LUCA HOSPITALITY GROUP DUNEDIN, LLC

Name of Limited Liability Company

L21000447595
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.

Amanda L Walls
Signature of Resigning Agent

2025 JUL 29 AM 9:59

If signing on behalf of an entity:

Typed or Printed Name

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)