

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L1700099704

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To:

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

From:

Account Name : RASCO KLOCK PEREZ & NIETO, P.L.
Account Number : 104076000124
Phone : (305)476-7100
Fax Number : (305)476-7102

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

Email Address: abazo@rascoklock.com

**LLC REGISTERED AGENT RESIGNATION
AXEL HOTEL MIAMI, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$85.00

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2023 AUG -3 PM 4:54

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2023 AUG -3 PM 5:57

APPROVED
AND
FILED

AUG 03 2023
K. Brumblay

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AXEL HOTEL MIAMI, LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L17000099704

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:

ANDRES E BAZO

Name of Person

RASCO KLOCK PEREZ NIETO PL

Name of Firm/Company

2555 PONCE DE LEON BLVD SUITE 600

Address

CORAL GABLES FL 33134

City/State and Zip Code

ABAZO@RASCOKLOCK.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANDRES BAZO

at (305) 4767100

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

TRANSWORLD BUSINESS MANAGEMENT LLC

, hereby resigns as

Name of Registered Agent

Registered Agent for **AXEL HOTEL MIAMI LLC**

Name of Limited Liability Company

L17000099704

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:

ANDRESE BAZO

Typed or Printed Name

MANAGER

Capacity

APPROVED
AND
FILED
2023 AUG -3 PM 5:57
SECRETARY OF STATE
TALLAHASSEE, FL 32314

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