# L19000250651

(Requestor's Name)			
(Address)			
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(Cit	y/State/Zip/Phon	e #)	
PICK-UP	☐ WAIT	MAIL	
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## **COVER LETTER**

TO: Registration Section Division of Corporations			
Accelerate Summaries LLC SUBJECT:			
Name o	of Limited Liability	Company	<del></del>
DOCUMENT NUMBER: L19000250651			
The enclosed Resignation of Registered A for filing.	gent for a Limited	l Liability Company :	and fee are submitted
Please return all correspondence concernir	ng this matter to th	ne following:	
Davey T. Jay, Esq.			
Name of Person			
Meehle & Jay P.A.			
Name of Firm/Company	<del></del> -	•	
1215 E Concord Street			
Address		•	
Orlando, FL 32803			
City/State and Zip Code			
E-mail address: (to be used for future annual	report notification)		
For further information concerning this ma	atter, please call:		
Davey T. Jay, Esq.	407 at (	792-0790 )	
Name of Person	Area Code	Daytime Telephone N	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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

INHS17 (2/14)

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

Pursuant to the provis	ions of section 605.0115, Florida Statute	es, the undersigned,
Davey T. Jay, Esq.		, hereby resigns as
	Name of Registered Agent	, noted y resigns as
Registered Agent for	Accelerate Summaries LLC	
	Name of Limited Liability Comp	any
L19000250651		
Document	Number, if known	
A copy of this resigna	tion was mailed to the above listed limit	ed liability company at its last known address.
The agency is termina	ted and the office discontinued on the 3	st day after the date on which this statement is filed
	Signature of Rosig	ning Agent
If signing on behalf of	fan entity:	
- •	-	
	Typed or Printed Nam	ne .
	Canacity	

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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