Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)205-0380

5843-36

From:

Account Name

: HILL, WARD & HENDERSON, P.A. II

Account Number : 072100000520

: (813)221-3900

Phone Pax Number

: (013)221-2900

REGISTERED AGENT RESIGNATION

SUPERIOR HOSPITALITY, LLC

O7 JAN 18 AH 8: 00

 Certificate of Status
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 Estimated Charge
 \$140.00

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Corporate Filing Menu

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RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 6	008.416(2) or 608.509, Florida Statutes, the undersig	ned,
Stephen M. Hudoba	, hereby resigns	96
(Name of Regis		•
Registered Agent for Superior Ho	spitality, LLC	Q.
		O VSE
(Na	nc of Limited Liability Company)	OT JAN
L00000002016		18 300
(Document Number, if known)	•	7 PS
A copy of this resignation was mailed	to the above listed limited liability company at its la	st known address.
The agency is terminated and the office	e discontinued on the 31st day after the date on whi	ch this statement is filed.
	(Signatule of Resigning Agent)	
If signing on behalf of an entity:		e we see
	(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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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 Tallabassee, FL 32314

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