

L05.0000 89353

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

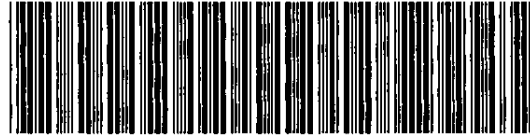
(Business Entity Name)

(Document Number)

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J. BRYAN

SEP 11 2012

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SHAKMAN HOSPITALITY, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L05000089353

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:

JOHN CAHORSHAK
Name of Person

Name of Firm/Company

616 NW 13TH ST
Address

DELRAY BCH, FL 33444
City/State and Zip Code

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

For further information concerning this matter, please call:

JOHN CAHORSHAK at (561) 613-5424
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

JOHN CAHORSHAK, hereby resigns as
Name of Registered Agent

Registered Agent for SHARLMAN HOSPITALITY, LLC
Name of Limited Liability Company

L05000089353
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:

JOHN CAHORSHAK
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- \$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA