

L06000080/66

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

A. LUNT

MAY 31 2011

EXAMINER

Office Use Only



900235181209

05/22/12--01011--013 **105.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2012 MAY 30 PM 5:00

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 23, 2012

KRISTINE L. HUSEMAN
3733 UNIVERSITY BLVD. W, STE 305A
JACKSONVILLE, FL 32217

SUBJECT: FOX HOSPITALITY, LLC
Ref. Number: L06000080166

2012 MAY 30 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

We have received your document for FOX HOSPITALITY, LLC and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt
Regulatory Specialist II

Letter Number: 912A00015091

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Fox Hospitality LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L06000080166

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:

Kristine L. Huseman
Name of Person

William R. Huseman PA
Name of Firm/Company

3733 University Blvd W, Ste 305A
Address

Jacksonville FL 32217
City/State and Zip Code

khuseman@jaxatty5.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kristine L. Huseman at (904) 448-5552
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

FILED
2012 MAY 30 PM 5:08
SECRETARY 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,

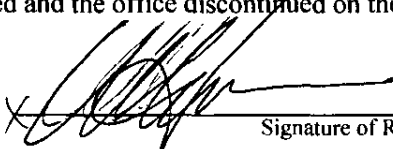
William R. Huseman, Esq., hereby resigns as
Name of Registered Agent

Registered Agent for Fox Hospitality, LLC
Name of Limited Liability Company

LO6000080166
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:

William R. Huseman

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

FILED
2012 MAY 31 PM 5:00
TALLAHASSEE, FLORIDA
SECTION OF STATE