

L10000132401

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

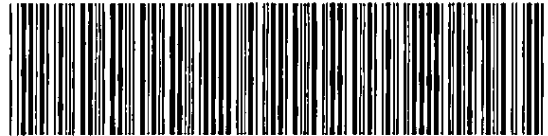
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Ra Resignation

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Lexyl Travel Technologies, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L10000132401

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:

Jeannie Joseph
Name of Person
DFS Agent, LLC
Name of Firm/Company
1760 N Jog Rd #150
Address
West Palm Beach, FL 33411
City/State and Zip Code
JJospeh@D-ACPA.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jeannie Joseph at (561) 659-1177
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

2023 APR 24 AM 11:14

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

DFS Agent, LLC

, hereby resigns as

Name of Registered Agent

Registered Agent for Lexyl Travel Technologies, LLC

Name of Limited Liability Company

L10000132401

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:

Patrick DiSalvo

Typed or Printed Name

Manager - DFS Agent, LLC

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

2023 APR 24 AM 11:41

FILED