

L130000022628

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

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(Business Entity Name)

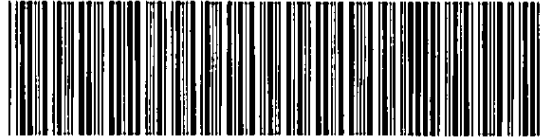
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2022 JUN 17 PM 2:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

ROBERT SHELLEY

, hereby resigns as

Name of Registered Agent

Registered Agent for TLH-20 HUGHES LLC

Name of Limited Liability Company

L13000022628

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:

Typed or Printed Name

Capacity

FILING FEES:

\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/voluntarily dissolved/
withdrawn limited liability company

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TLH-20 HUGHES LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L13000022628

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:

ROBERT SHELLEY
Name of Person

RLS/TLH HUGHES-I, LLC
Name of Firm/Company

2775 SUNNY ISLES BLVD. # 118
Address

NORTH MIAMI BEACH, FL 33160
City/State and Zip Code

brian.tuttle@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROBERT SHELLEY at (305) 936-0188
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

FILED
2022 JUN 17 PM 5:09
TALLAHASSEE, FLORIDA
SECRETARY OF STATE