# Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet** 

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.

Account Number : 075350000353

Phone : (800)221-2972

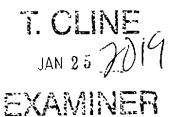
Fax Number

: (888)692-9256

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

## LLC REGISTERED AGENT RESIGNATION NYCTHEATERTRIPS.COM, LLC

Certificate of Status	0
Certified Copy	0
Page Count	10
Estimated Charge	\$25.00



#### **COVER LETTER**

TO:	Registration Section Division of Corporations		
	JECT: NYCTHEATERTRIPS.COM, LLC  Name of Limited Liability Company		
DOC	CUMENT NUMBER: L13000122369		
The e for fil	enclosed Resignation of Registered Agent for a Limited Liability Con- ling.	npany and fee are su	ıbmitted
Please	e return all correspondence concerning this matter to the following:		
TRA	CEE COTTON		
	Name of Person		
BLU	MBERGEXCELSIOR CORPORATE SERVICES,		
	Name of Firm/Company		Part Constant
16 C	OURT ST 14TH FLOOR	<u>.</u>	r
	Address	•	٠,
BRO	OOKLYN, NY 11241		٠ ٤٠
	City/State and Zip Code	<i>7</i>	л 5
		<del></del>	( ' €₹
E	E-mail address: (to be used for future annual report notification)	·	
For fu	urther information concerning this matter, please call:		
TRA	CEE COTTON 800 221-2972 X	1550	
	Name of Person at ( ) Area Code Daytime Tele	phone 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

01/24/2019 12:28 #489 P.003/003

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,	
BLUMBERGEXCELSIOR CORPORATE SERVICES, INC., hereby resigns	5 a <b>s</b>
Name of Registered Agent	
Registered Agent for NYCTHEATERTRIPS.COM, LLC	
Name of Limited Liability Company	
L13000122369	
Document Number, if known	<i>C</i> -2
A copy of this resignation was mailed to the above listed limited liability company at its l	last known address.
The agency is terminated and the office discontinued on the 31st day after the date on wh	nich this statement is filed.
Device tt cooperation Signature of Resigning Agent	
If signing on behalf of an entity:	, <u>(</u>
ZEINA HASSOUN	
Typed or Printed Name ASSISTANT SECRETARY	
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