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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 : ARISTA LAW & TAX
Account Number : I20040000182
Phone : (305)444-7662
Fax Number : (305)444-7275

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

Email Address: erling.simone@hotmail.com

**LLC REGISTERED AGENT RESIGNATION
SHINE 29 LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$85.00

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2018 MAY -2 AM 10: 02

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
2018 MAY -2 P 12: 02
TALLAHASSEE, FLORIDA

5/3/18 05

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CAPITAL HOSPITALITY, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ANN BLACK

Name of Person

SMITH, THOMPSON, SHAW, ET AL.

Firm/Company

3520 THOMASVILLE ROAD, FOURTH FLOOR

Address

TALLAHASSEE, FL 32309

City/State and Zip Code

pateld69@hotmail.com

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

For further information concerning this matter, please call:

ANN BLACK

850

893-4105

Name of Person

at ()

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

(((H18000137121 3)))

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

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

Eduardo R. Arista, Esq.

, hereby resigns as

Name of Registered Agent

Registered Agent for SHINE 29, LLC

Name of Limited Liability Company

L15000059830

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

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

INHS17 (2/14)

FILED
2018 MAY - 2 P 12: 02
TALLAHASSEE, FL
STATE OF FLORIDA

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