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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificate:	s of Status
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COVER LETTER

TO: Registration Section Division of Corporations

THE YOUNG GROUP UNLIMITED, LLC	
SUBJECT:Name of Limited Liability	Company
DOCUMENT NUMBER:	
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee are submitted
Please return all correspondence concerning this matter to th	e following:
Jonathan Stahler, Esq.	
Name of Person	
Stahler Sports & Entertainment Law, PA	
Name of Firm/Company	
175 SW 7th Street, Suite 2410	
Address	
Miami, FL 33130	
City/State and Zip Code	
jmstahler3@gmail.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Jonathan Stahler, Esq. 717	503-7229
Name of Person at (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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,	
Stahler Sports & Entertainment Law, PA hereby resign	og ng
Name of Registered Agent	s as
THE YOUNG GROUP UNLIMITED, LLC Registered Agent for	
Name of Limited Liability Company	 ,
L16000180820	
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 after day after the date on w	hich this statement is filed.
// 4-/->	35
- Janes	- 1979 - 1979 - 1979
Specialtire of Resigning Agent	-R.1
If signing on behalf of an entity:	20
Jonathan Stahler, Esq.	P _M
Typed or Printed Name President	. =
Capacity	* 5

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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