

# L16000195139

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

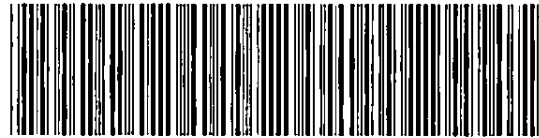
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(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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24 SEP 25 AM 9:57  
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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: H.P. Hospitality, LLC  
Name of Limited Liability Company

DOCUMENT NUMBER: L16000195139

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:

Kara Jursinski Murphy, Esq.

Name of Person

Law Office of Jursinski & Murphy, PLLC

Name of Firm/Company

15701 S. Tamiami Trail

Address

Fort Myers, FL 33908

City/State and Zip Code

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

For further information concerning this matter, please call:

Kara Jursinski Murphy, Esq. at ( 239 ) 337-1147  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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

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

Kara Jursinski Murphy \_\_\_\_\_, hereby resigns as

\_\_\_\_\_  
Name of Registered Agent

Registered Agent for H.P. Hospitality, LLC

\_\_\_\_\_  
Name of Limited Liability Company

L16000195139

\_\_\_\_\_  
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

FILED  
24 SEP 25 AM 9:57  
TALLAHASSEE, FLORIDA  
STATE DEPARTMENT OF REVENUE

### **FILING FEES:**

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withdrawn limited liability company

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P.O. Box 6327  
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