

L17000069712

Val

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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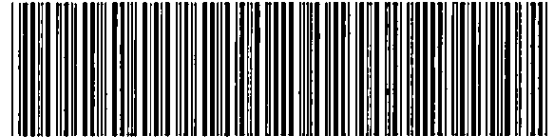
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THE REVIVAL LUXURY LOFTS, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L17000069712

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:

CHERYL VAN HOOK
Name of Person

Name of Firm/Company

1604 WEST PRINCETON ST.
Address

ORLANDO, FL 32804
City/State and Zip Code

 CHRIS@KAMPERS.NET
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CHRIS KAMPEMBIER at (213) 509-8601
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

CHERYL VAN HOOK

Name of Registered Agent

, hereby resigns as

Registered Agent for THE REVIVAL LUXURY LOFTS, LLC

Name of Limited Liability Company

L17000069712

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.

Cheryl Van Hook

Signature of Resigning Agent

If signing on behalf of an entity:

CHERYL VAN HOOK

Typed or Printed Name

MGR

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withdrawn limited liability company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

SECRETARY OF STATE
TALLAHASSEE, FL

2023 DEC 28 PM 12:58

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