

L17000179431

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

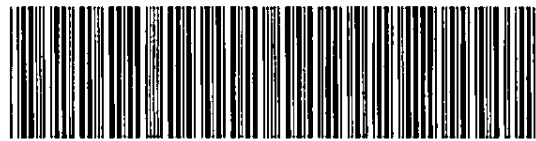
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY

FEB 8 2018

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Hyde Hospitality, LLC

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

**DOCUMENT NUMBER:** L17000179431

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:

Rainer Filthaut

\_\_\_\_\_  
Name of Person

IRC Investor Services, LLC

\_\_\_\_\_  
Name of Firm/Company

3838 Tamiami Trail North Suite 416

\_\_\_\_\_  
Address

Naples, FL 34103

\_\_\_\_\_  
City/State and Zip Code

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

For further information concerning this matter, please call:

Rainer Filthaut

\_\_\_\_\_  
Name of Person

at (239)

Area Code

213-4000

\_\_\_\_\_  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

IRC Investor Services LLC

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

hereby resigns as

Registered Agent for Hyde Hospitality LLC

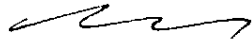
\_\_\_\_\_  
Name of Limited Liability Company

L17000179431

\_\_\_\_\_  
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:

Rainer Filthaut

\_\_\_\_\_  
Typed or Printed Name

Manager

\_\_\_\_\_  
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**

**FILED**  
**18 FEB -6 PM 1:08**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**