# ROC 186 000717

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### **COVER LETTER**

TO: Registration Section
Division of Corporations

SUBJECT: Royal Valet LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L17000231208

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:

Linited States Corporation Agents, Inc.

Office offices corporation Agents, inc.	
Name of Person	<del></del>
Legalzoom.com, Inc.	
Name of Firm/Company	<del></del>
9900 Spectrum Dr.	
Address	
Austin, TX 78717	
City/State and Zip Code	<del></del>
raresignations@legalzoom.com	
E-mail address: (to be used for future annual report notificat	ion)
For further information concerning this matter, please of	call:
at (	773-0888
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

INHS17 (2/14)

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

Pursuant to the provision	s of section 605.0115	, Florida Statutes, the undersign	red,		
United States Corporation Agents, Inc.		eby resigns as			
Name of Registered Agent				3) Testgha da	
Registered Agent for Ro	yal Valet LLC				_
	<del>-</del>				_•
	Name of Limit	ed Liability Company			
L17000231208					
Document Nun	iber, if known				
-		ove listed limited liability com tinued on the 31st day after the	. •		
		Signature of Resigning Agent			
If signing on behalf of an	entity:			፷.	20
Cheyenne Moseley			<u></u>	22 1	
	Ty	ped or Printed Name			Ċ
Asst. Secretary for United States Corporation Agents, Inc.		(); ();	$\overline{\omega}$		
		Capacity		10 Z) 14	2022 NOT 21 PHIC:
	FILING I \$ 85.00 \$ 25.00	FEES: Active limited liability compa Administratively dissolved/ v withdrawn limited liability o	any oluntarily dissolved/ ompany	, ,	ය ග

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