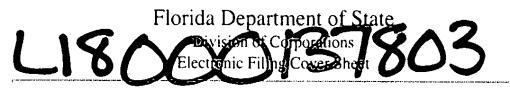
Division of Corporations



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(((H23000255162 3)))



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Fax Number : (850)617-6383

From:

Account Name : COMPUTERSHARE Account Number: 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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## LLC REGISTERED AGENT RESIGNATION NEW CITIZEN TOURING, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$85.00

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Help

## COVER LETTER TO: Registration Section Division of Corporations New Citizen Touring, LLC Name of Limited Liability Company DOCUMENT NUMBER: L18000137803 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: Erika Easter Name of Person eResidentAgent, Inc. Name of Firm/Company 228 Park Ave S, PMB 50845 Address

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

City/State and Zip Code

For further information concerning this matter, please call:

Parka Easter

Name of Person

Name of Person

Name of Person

at (310 820-1000 Paytime 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:**

New York, NY 10003-1502

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

→ 18506176383

Pursuant to the provisions of section 605.0115, Florida S	tatutes, the undersigned,
eResidentAgent, Inc.	, hereby resigns as
Name of Registered Agent	, nercoy resigns as
Registered Agent for New Citizen Touring, LLC	
Name of Limited Liability	Company
L18000137803	
Document Number, if known	
A copy of this resignation was mailed to the above listed  The agency is terminated and the office discontinued on the second se	the 31st day after the date on which this statement is filed.
If signing on behalf of an entity:	<b>2023</b>
Jeffrey A Unger	APPI FI SECRETA SALLAHAS
Typed or Printe	d Name Z Z Z
President	
Capacity  FILING FFFS:	PM 5: 30

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

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

withdrawn limited liability company