

L18000222974

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

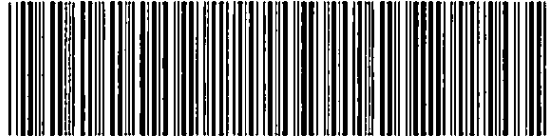
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000421882190

01/22/24--01018--024 ++25.00

SECRETARY OF STATE  
TALLAHASSEE, FL

2024 JAN 22 AM 11:28

FILED

*Handwritten signature*

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** NOCTURNAL HOSPITALITY GROUP LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L18000222974

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:

BEVERLY SMOAK

Name of Person

Name of Firm/Company

424 SEA HOLLY DRIVE

Address

BROOKSVILLE FL 34604

City/State and Zip Code

BEV.SMOAK@GMAIL.COM

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

For further information concerning this matter, please call:

BEVERLY SMOAK at (813) 480-2182  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

**FILED**  
2024 JAN 22 AM 11:28  
SECRETARY OF STATE  
TALLAHASSEE, FL

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

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

BEVERLY SMOAK

, hereby resigns as

Name of Registered Agent

Registered Agent for NOCTURNAL HOSPITALITY GROUP LLC

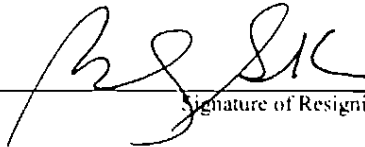
Name of Limited Liability Company

L18000222974

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**  
2024 JAN 22 AM 11:28  
SECRETARY OF STATE  
TALLAHASSEE, FL

### 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