

L18000227-380

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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DIVISION OF CORPORATIONS  
2023 JUN -2 PM 2:11

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MIND QUEST ESCAPE ROOMS, LLC  
Name of Limited Liability Company

DOCUMENT NUMBER: L 18000 227380

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:

Nichole Clements  
NCOBARRUVIAZ@yahoo.com  
Name of Person

MIND QUEST ESCAPE ROOMS  
Name of Firm/Company

201 N WOODLAND BLVD  
Address

DELAND FL 32720  
City/State and Zip Code

NCOBARRUVIAZ@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nichole Clements at (386) 308 9794  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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

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

Adam Feldstein, hereby resigns as  
Name of Registered Agent

Registered Agent for MINDQUEST ESCAPE ROOMS, LLC  
Name of Limited Liability Company

L 18000227380  
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]  
Signature of Resigning Agent

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name  
\_\_\_\_\_  
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withdrawn limited liability company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

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DIVISION OF CORPORATIONS  
2023 JUN -2 PM 2:11