

L19000052198

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

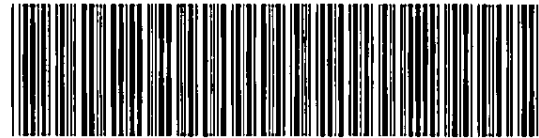
(Business Entity Name)

(Document Number)

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10/25/19
CLERK OF STATE
DIVISION OF CORPORATIONS
19 OCT 25 AM 11:06

Ra Resignation

10/1/19

D CUCHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CASH INN, LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L19000052198

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:

Matthew Gelbart

Name of Person

Cash Inn, LLC

Name of Firm/Company

515 E LAS OLAS BLVD

Address

FORT LAUDERDALE, FL 33301

City/State and Zip Code

m.gelbart11@gmail.com

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

For further information concerning this matter, please call:

Matthew Gelbart

Name of Person

at (954) 5927741

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

FILED
RECEIVED
19 OCT 25 AM 11:00
TALLAHASSEE, FL
DIVISION OF CORPORATIONS

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

Stephen Wutz

Name of Registered Agent

, hereby resigns as

Registered Agent for CASH INN, LLC


Name of Limited Liability Company

L19000052198

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

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
DEPT. OF STATE
DIVISION OF CORPORATIONS
19 OCT 25 AM 11:04