L190000102004

(Re	questor's Name)	<u> </u>
(Ad	dress)	
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

THE NEON LION MOBILE BAR LLC SUBJECT: Name of Limited Liability Company DOCUMENT NUMBER: L19000102004 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: Chelsea Chapman Name of Person Legalinc Corporate Services, INC. Name of Firm/Company 10601 Clarence Dr Ste 250 Address Frisco, TX 75033-3867 City/State and Zip Code ra@legalinc.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Chelsea Chapman at (Area Code Daytime Telephone Number Name of Person

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

TO:

Registration Section Division of Corporations

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ns of section 605.011	5. Florida Statutes, the unc	dersigned,			
Legaline Corporate Services, INC.			, hereby resigns as			
Name of Registered Agent						
Registered Agent for The	IE NEON LION MOE	BILE BAR LLC				
	Name of Lin	nited Liability Company			<u> </u>	
L19000102004						
Document Nu	mber, if known					
A copy of this resignation	n was mailed to the	above listed limited liabilit	y company at its last kn	own addr	ess.	
If signing on behalf of a	Ause	ontinued on the 31st day af	<u> </u>	o material		· ·
in ingitting on outlant or an	Chelsea Chapman					
		Typed or Printed Name				
		ic Corporate Services, INC.			202	
	FILING O \$ 85.00	Capacity FEES: Active limited liability	company	SESSENT OF S	2022 PEY 10 PM K	
	⊙ \$ 25.00	Administratively dissol withdrawn limited liab	ved/voluntarily dissolv	FIVE STATE	PH 12: 58	-

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