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COVER LETTER

Division of Corporations ROSKO HOSPITALITY LLC SUBJECT: Name of Limited Liability Company DOCUMENT NUMBER: L19000137776 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 Legaline Corporate Services, INC. Name of Firm/Company 10601 Clarence Dr Ste 250 Address Frisco, TX 75033-3867 City/State and Zip Code ra@legaline.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Chelsea Chapman

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Name of Person

Street Address:

Area Code Daytime Telephone Number

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

TO:

Registration Section

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ns of section 605.011	5, Florida Statutes, the unde	rsigned,	
Legalinc Corporate Services, INC.			, hereby resigns as	
	Name of Registered Age			
Registered Agent for Registered Agent for	OSKO HOSPITALITY	LLC		
	Name of Lin	nited Liability Company		 ,
L19000137776				
Document Nu	mber, if known	<u>-</u>		
A copy of this resignation	on was mailed to the a	above listed limited liability	company at its last known ad	ldress.
The agency is terminated	d and the office disco	ntinued on the 31st day afte	r the date on which this states	ment is filed
	\mathcal{C}			
		Signature of Resigning Agent		2≘
If signing on behalf of a	n entity:		AL F	7077 NOV 15
	Chelsea Chapman		r	2
	Т	yped or Printed Name		
On Behalf of Legaline Corporate Services, INC.		$\frac{\omega}{\omega}$.	P) (*	
		Capacity		
			FLE	PM 12: 15
	FILING © \$ 85.00 © \$ 25.00	FEES: Active limited liability co Administratively dissolve withdrawn limited liabili	ompany ed/voluntarily dissolved/ ity company	

Make checks payable to Florida Department of State and mail to:

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314