

L19 000153 422

(Requestor's Name)

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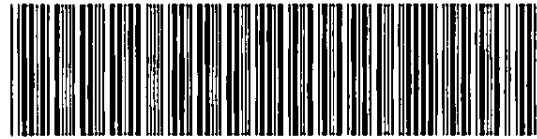
(Business Entity Name)

(Document Number)

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** URLAUB IN FLORIDA, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L19000153422

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:

MARENA LOEFFLER, CPA  
Name of Person

ALLURE ACCOUNTING, INC.  
Name of Firm/Company

3665 BONITA BEACH ROAD, STE 1-3  
Address

BONITA SPRINGS, FL 34134  
City/State and Zip Code

MLOEFFLER@ALLURETAX.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARENA LOEFFLER                      239                      992-3355  
Name of Person                      at (                      )                      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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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

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

ALLURE ACCOUNTING, INC.

, hereby resigns as

Name of Registered Agent

Registered Agent for URLAUB IN FLORIDA, LLC

Name of Limited Liability Company

L19000153422

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:

MARENA LOEFFLER, CPA

Typed or Printed Name

PRESIDENT

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