119000206974

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
, , , ,		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: The Gallery Lounge LLC Name of Limited I	
Name of Limited I	Liability Company
DOCUMENT NUMBER: L19000206974	
The enclosed Resignation of Registered Agent for a long for filing.	Limited Liability Company and fee are submitted
Please return all correspondence concerning this mat	ter to the following:
United States Corporation Agents, Inc.	
Name of Person	
Legalzoom.com, Inc.	
Name of Firm/Company	
101 North Brand Blvd. 11th Floor	
Address	
Glendale, CA 91203	
City/State and Zip Code	
raresignations@legalzoom.com	
E-mail address: (to be used for future annual report notific	eation)
For further information concerning this matter, please	e call:
800	773-0888 a Code Daytime Telephone Number
Name of Person Are	a Code Daytime Telephone Number
Enclosed is a check made payable to the Florida Depliability company or \$25.00 for an administratively d liability company.	artment of State for \$85.00 for an active limited issolved, voluntarily dissolved or withdrawn limited

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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida	a Statutes, the undersigned,	102
United States Cornoration Agents, Inc.		yns as
Name of Registered Agent	hereby resig	ins as مراجعة المعاربة
Registered Agent for The Gallery Lounge LLC		; ℃
		<u> </u>
Name of Limited Liabil	ity Company	 ω υ
L19000206974		
Document Number, if known		
A copy of this resignation was mailed to the above list	ed limited liability company at it:	s last known address.
The agency is terminated and the office discontinued of	on the 31st day after the date on v	which this statement is filed.
Signature	e of Resigning Agent	
If signing on behalf of an entity:		
Cheyenne Moseley		
Typed or Pri	nted Name	
Asst. Secretary for United Sta	ites Corporation Agents, Inc.	
Capacit	y	

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

FILING FEES:
\$85.00 Active limited liability company
\$25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

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