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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

LLC REGISTERED AGENT RESIGNATION
YOUNG FLEX LLC

Certificate of Status
Certified Copy
Page Count
Estimated Charge

Email Address:

2022 HAR 22 PM 3:

#### **ERESIDENTAGENT, INC.**

228 Park Ave S PMB 50845 New York, NY 10003-1502

e-mail: eteam@eminutes.com

March 21, 2022

VIA U.S. MAIL

Young Flex LLC 1600 NE 1st Ave., Apt 3606 Miami, Florida 33132

Re: Young Flex LLC - Resignation from eResidentAgent, Inc.

To Whom It May Concern:

The purpose of this letter is to confirm that we will be resigning as the resident agent in Florida for Young Flex LLC, Florida Business Entity Number: **L19000215926**. If you have any questions, please do not hesitate to contact us.

Sincerely yours,

Erika Easter for eResidentAgent, Inc.

PHONE 310.820.1000 FAX: 310.820.1003 EMAIL: eteam@eminutes.com



### **COVER LETTER**

TO:	Registration Section Division of Corporations	
SUBJE	Young Flex LLC	
SODJE	Name of Limited Liability	Company
DOCU	MENT NUMBER: <u>L19000215926</u>	
The end for filir	closed Resignation of Registered Agent for a Limited ag.	Liability Company and fee are submitted
Please	return all correspondence concerning this matter to the	ne following:
	Erika Easter	
	Name of Person	
	eMinutes/Ungerlaw PC	
	Name of Firm/Company	•
	238 Park Ave S., PMB 50845	
	Address	•
	New York, NY 10003-1502	
	City/State and Zip Code	
	eteam@eminutes.com	
E-r	nail address: (to be used for future annual report notification)	
For fur	ther information concerning this matter, please call:	
	Erika Easter at ( 310 Area Code	) 820-1000 Daytime Telephone Number
		<b>→+</b>

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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

Pursuant to the provisions	of section 605.0115, Florida 5	Statutes, the undersigned,		
eResidentAgent, Inc.		, hereby resig	gns as	
N	ame of Registered Agent			
Registered Agent for	Young Flex LLC			
<u> </u>	Name of Limited Liability	Company	·	
L19000215926	· · · · · · · · · · · · · · · · · · ·			
Document Numb	er, if known			
A copy of this resignation	was mailed to the above listed	Himited liability company at i	ts last known address.	
The agency is terminated a	and the office discontinued on	the 31st day after the date on	which this statement is filed.	
_	Sw G. W.	KeAigning Agent		
If signing on behalf of an e	entity:		~	
	Jeffrey Ung	jer	2022 MAR 22 2022 MAR 22 2022 MAR 29 2002 MAR 29 2002 MAR 29 2013 AUD 29	
<del></del>	Typed or Print	ed Name	AR AR	
	President of eResid	entAgent, Inc.	22 FA	
_	Capacity		_ m <u>f</u> fc	
			PH 3	
	FILING FEES:			
	\$ 25.00 Adminis	mited liability company tratively dissolved/ voluntaril wn limited liability company	y dissolved/	

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