

L20 0000009392

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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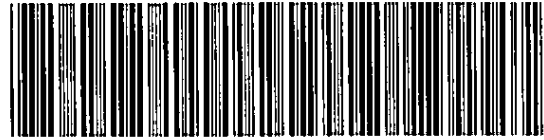
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA  
TALLAHASSEE, FLORIDA

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MIAMI COLLINS HOTEL, LLC

\_\_\_\_\_  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L20000009392

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:

Kristie Tolliver

\_\_\_\_\_  
Name of Person

COGENCY GLOBAL INC.

\_\_\_\_\_  
Name of Firm/Company

850 New Burton Rd., Suite 201

\_\_\_\_\_  
Address

Dover, DE 19904

\_\_\_\_\_  
City/State and Zip Code

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Invoices Team

\_\_\_\_\_  
Name of Person

at ( 866 ) 621-3524

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

COGENCY GLOBAL, INC.

, hereby resigns as

Name of Registered Agent

Registered Agent for MIAMI COLLINS HOTEL, LLC

Name of Limited Liability Company

L20000009392

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.

*Kristie Tolliver*

Signature of Resigning Agent

If signing on behalf of an entity:

Kristie Tolliver

Typed or Printed Name

Assistant Secretary, COGENCY GLOBAL INC.

Capacity

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TALLAHASSEE, FLORIDA  
DEPARTMENT OF STATE

### **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