

(Requestor's Name	e)	
(Address)		
(Address)		
(City/State/Zip/Pho	ne #)	
PICK-UP WAIT	MAIL	
(Business Entity Na	ame)	
(Document Number)		
Certified Copies Certificate	es of Status	
Special Instructions to Filing Officer:	S. S. S. Colle	

Office Use Only



200432583732

-5,55 (24-6)315 (-610 ******85,00



From the Desk of:

CHRISTOPHER HAHM-5024 NW 24th CIRCLE BOCA RATON, FL 33431 949.412.3290

June 30, 2024

Via U.S. Mail

Registration Section Division of Corporations PO Box 6327 Tallahassee, FL 32314

Re: Resignation of Christopher P. Hahn as Registered Agent

Rise8 Management LLC // Document no. L20000059129

To Whom it May Concern:

Enclosed, please find a copy of the Statement of Resignation of Registered Agent for a Limited Liability Company and related Cover Letter concerning the undersigned's resignation as Registered Agent for Rise8 Management LLC (Document Number L20000059129).

I, Christopher Hahn, an active Florida attorney (Florida Bar No. 87577), previously served as Executive Vice President and General Counsel for Rise8 Management LLC, which owns and operates a number of extended stay hotels doing business under fictitious names of several variations of "Stayable," related to each of its properties (i.e. "Stayable Select Gainesville, Stayable Suites Jacksonville, etc.) between January 2022 and June 2022, until I was terminated on June 12, 2022 (see attached email from Rise8 Management Manager, Robert Beyer). Since I was terminated, Rise8 Management LLC has continued to designate me as their Registered Agent without my authorization, and worse, forged my signature in its filed 2024 Annual Report (see attached).

I have previously brought this matter to the attention of the Division of Corporations, who has declined to further investigate these instances of fraud and only directed me to file the Statement of Resignation of Registered Agent for a Limited Liability Company as provided hereto. However, for the reasons cited herein, I am requesting that the Division of Corporations waive the \$85.00 filing fee as a courtesy, as I have been fraudulently designated as Rise8 Management LLC's Registered Agent without my consent, and have not had any relation to Rise8 Management LLC since June 2022.

As instructed, a copy of the Statement of Resignation of Registered Agent for a Limited Liability Company form has been mailed to Rise8 Management LLC's Mailing Address as provided on Sunbiz. Please contact me if you have any questions. Thank you.

Sincerely.

Christopher P. Hahn

Churt PHL

COVER LETTER

TO: Registration Section Division of Corporations	
RISE 8 MANAGEMENT LLC	
SUBJECT: Name of Limited Liability	Company
DOCUMENT NUMBER: L200000059129	
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	e following:
CHRISTOPHER HAUN	
Name of Person	
N/A	
Name of Firm/Company	
5024 NW 24TH CIR	
Address	
BOCA RATON, FL 33431	
City/State and Zip Code	
INFO@RENTSTAYABLE.COM	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Chritisher Italia 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 provis	sions of section 605.0115, Florida Statut	es, the undersigned,	
CHRISTOPHER HAI	IN	, hereby resigns as	
	Name of Registered Agent	(
Registered Agent for	RISE8 MANAGEMENT LLC (AS FRAU	DULENTLY DESIGNATED	
	WITHOUT CONSENT OF CHRISTOPH		
	Name of Limited Liability Com	pany	<u></u>
1.20000059129			<i>ټ</i>
Document	Number, if known		
A copy of this resigna	ation was mailed to the above listed limi	ted liability company at its last know	vn address.
The agency is terminate	ated and the office discontinued on the 3	1st day after the date on which this	statement is filed.
	Mul Pike. Signature of Resi	gning Agent	
If signing on behalf o	f an entity:		
	Typed or Printed Nat	ne	
	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