

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**L20000007185**

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : CAPITOL CORPORATE SERVICES, INC.  
Account Number : 120160000048  
Phone : (800)345-4647  
Fax Number : (800)432-3622

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

Email Address: \_\_\_\_\_

**LLC REGISTERED AGENT RESIGNATION  
AGAPE HOSPITALITY MANAGEMENT LLC**

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AUG 14 2024

K. Brumby

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

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

Capitol Corporate Services, Inc. , hereby resigns as  
Name of Registered Agent

Registered Agent for

AGAPE HOSPITALITY MANAGEMENT LLC

Name of the Limited Liability Company

L20000067185

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:

Yvette Cleveland

Typed or Printed Name

Assistant Secretary

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\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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

INHS17 (2/14)

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APPROVED  
AND  
FILED

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