

L20000383902

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

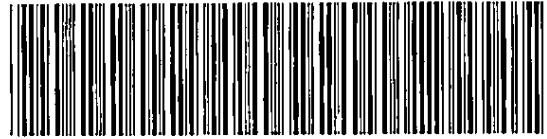
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2023 APR -4 PM 2:06
SECRETARY OF STATE
TALLAHASSEE

Ra Resignation

JUL 10 2023

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FLS Hospitality LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L20000383902

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:

Brent Boyd

Name of Person

Name of Firm/Company

136 Banyan Circle

Address

Jupiter, FL 33458

City/State and Zip Code

bboyd247311@gmail.com

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

For further information concerning this matter, please call:

Brent Boyd

at (561) 262-0577

Name of Person

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provisions of section 605.0115, Florida Statutes, the undersigned,

Global Tax Law PLLC

, hereby resigns as

Name of Registered Agent

Registered Agent for FLS Hospitality LLC

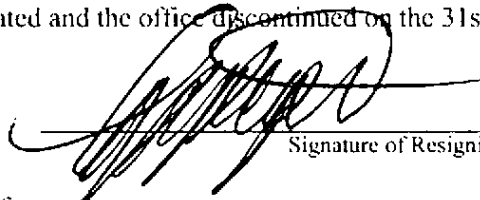
Name of Limited Liability Company

L20000383902

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:

Christine Concepcion, Esq.

Typed or Printed Name

Managing Member

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2023 APR -4 PM 2:06

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