

L21000304592

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

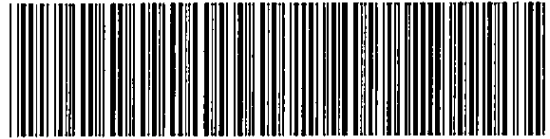
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Ra Resignation

JUL 21 2023

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SOUTHERN IMPRESSIONS GROUP, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L21000304592

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:

Oscar J. Locklin

Name of Person

Locklin, Saba, Locklin & Jones, P.A.

Name of Firm/Company

4557 Chumuckla Highway

Address

Pace, Florida 32571

City/State and Zip Code

oscar@ljslawfirm.com

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

For further information concerning this matter, please call:

Oscar J. Locklin

at (850) 995-1102

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

2023 APR 20 AM 11:30

FILED

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

Oscar J. Locklin _____, hereby resigns as

Name of Registered Agent

Registered Agent for SOUTHERN IMPRESSIONS GROUP LLC

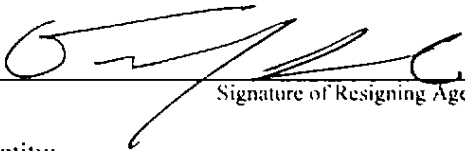
Name of Limited Liability Company

L21000304592

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:

Oscar J. Locklin

Typed or Printed Name

Registered Agent

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

2023 APR 20 AM 11:32