L21000370023

| (Fi | Requestor's Name) | | | |
|---|-------------------------|--|--|--|
| (A | address) | | | |
| <u>A)</u> | address) | | | |
| (C | City/State/Zip/Phone #) | | | |
| PICK-UP | WAIT MAIL | | | |
| (E | Business Entity Name) | | | |
| (Document Number) | | | | |
| Certified Copies | Certificates of Status | | | |
| Special Instructions to Filing Officer: | | | | |
| | | | | |
| | | | | |
| | | | | |

Office Use Only



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Q 2/8/2023

COVER LETTER

TO: Registration Section Division of Corporations

| SUBJECT: VIRGIN BY AMC LLC Name of Limited Liabili | ty Company |
|--|--|
| DOCUMENT NUMBER: <u>1.21000370023</u> | |
| The enclosed Resignation of Registered Agent for a Limit for filing. | ed Liability Company and fee are submitted |
| Please return all correspondence concerning this matter to | the following: |
| Chelsea Chapman | |
| Name of Person | |
| Legaline Corporate Services, INC. | |
| Name of Firm/Company | |
| 10603 Clarence Dr Ste 250 | |
| Address | _ |
| Frisco, TX 75033-3867 | |
| City/State and Zip Code | - , |
| ra@legaline.com | |
| E-mail address: (to be used for future annual report notification) | _ |
| For further information concerning this matter, please call | : |
| Chelsea Chapman 844 at (| 386-0178) |
| Name of Person Area Cod | e 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provision | s of section 605.0115, Florida Statutes | , the undersigned. | | | |
|----------------------------|---|-----------------------------------|-------------|-------------|-----------------|
| Legaline Corporate Service | galine Corporate Services, INC. | | | | |
| | Name of Registered Agent | , , nerevy resigns as | | | |
| Registered Agent for V | IRGIN BY AMC LLC | | | | |
| | Name of Limited Liability Compa | uny | | , | |
| L21000370023 Document Nu | mber, if known | | | | |
| A copy of this resignatio | n was mailed to the above listed limite | d liability company at its last l | known add | lress. | |
| The agency is terminated | and the office discontinued on the 31s | st day after the date on which t | this statem | ent is f | iled. |
| | Beech ! | Month | | | |
| If signing on behalf of a | Jignature of Resign | ning Agent | SEC: | 2022 NOV 14 | |
| | Zachary Mathewso | n | | AON | سوت. بَرَافِ |
| | Typed or Printed Name | : | JSSAII. | + | i · |
| | On Behalf of Legaline Corporate Service | es. INC. | CO C | A | FF |
| | Capacity | | S FATE | 17:14 | |

FILING FEES:

S 85.00 Active limited liability company

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