

## Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 : (307)200-2803 Phone Fax Number : (855)330-1010

\*\*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 TASTE THE LUXE! LLC

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JUN 3 0 2022

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

Pursuant to the provisions of section 605.011	5, Florida Statutes, the unde	ersigned,		
NORTHWEST REGISTERED AGENT LLC , here		_ , hereby resigns as	by resigns as	
Name of Registered Age	nt	- , ,		
Registered Agent for		······································	<del></del>	
TASTE THE LUXE! LLC			,	
Name of Lin	ited Liability Company			
Document Number, if known				
A copy of this resignation was mailed to the	ibove listed limited hability	company at its last known ac	idress.	
The agency is terminated and the office disco	ntinued on the 31st day after	er the date on which this state	ment is filed.	
101	~ Thove			
-	Signature of Resigning Agent			
If signing on behalf of an entity:				
Tom Glover			7022 JUN 30	
7	yped or Printed Name	<del></del>		
Assistant Secretary		<u> </u>	$\frac{2}{3}$	
	Capacity	•	ಗಾಷ್ಟ	
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		: -	8: 40	
FILING \$ 85.00	FEES:	- company	04	
\$ 25.00	Administratively dissolv withdrawn limited liabil	ompany 'ed/ voluntarily dissolved/ lity company		

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314