

122 00000 1066

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

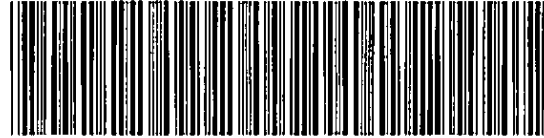
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2022 JUL 27 AM 9:51  
FBI - NEW YORK

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Expedia Group LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** 1.22000001066

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:

Malek Khalil

Malek Khalil  
Name of Person

Expedia Group LLC  
Name of Firm/Company

235 Apollo Beach Blvd. #203  
Address

Apollo Beach, FL 33572  
City/State and Zip Code

admin@dynamicnoble.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Suzanne D. Mechle at ( 407 ) 792-0790  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

Suzanne D. Mechle, Esq.

, hereby resigns as

\_\_\_\_\_  
Name of Registered Agent

Registered Agent for Expedia Group LLC

\_\_\_\_\_  
Name of Limited Liability Company

L22000001066

\_\_\_\_\_  
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:

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Capacity

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2022 JUL 27 AM 9:51  
TALLAHASSEE, FLORIDA  
FACILITY

### **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**