# Laa000045389

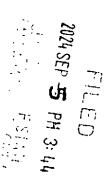
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer				
_				
J. HORNE				
J. HORNE SEP 1 1 2024				
' 2024				

Office Use Only



200435865422

09/05/24--01006--006 \*\*85.00



### **COVER LETTER**

Name of Limited Liabilit	y Company
DOCUMENT NUMBER: 1.220000045329	
The enclosed Resignation of Registered Agent for a Limite for filing.	d Liability Company and fee are submitted
Please return all correspondence concerning this matter to	he following:
Ryan Potter	
Name of Person	_
ZenBusiness Inc.	
Name of Firm/Company	_
336 E. College Ave. Suite 301	
Address	-
Tallahassee, FL 32301	
City/State and Zip Code	_
ra@zenbusiness.com	
E-mail address: (to be used for future annual report notification)	-
For further information concerning this matter, please call:	
Ryan Potter 844 at (	493-6249
Name of Person Area Code	Davtime 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

- 3 ×

TO:

Registration Section Division of Corporations

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

Pursuant to the provis	ions of section 60	5.0115, Florida Statutes, the	undersigned,	Marse (1)
ZENBUSINESS INC.			, hereby resigns as	A CO
	Name of Register	ed Agent	Hereby resigns as	
Registered Agent for				بن الله الله
ROYAL PERKS REW	ARDS LLC			36
	Name	of Limited Liability Company		
1.22000045329				
Document	Number, if known			
			bility company at its last kno	
The agency is termina	ted and the office	discontinued on the 31st da  Signalure of Resigning /	y after the date on which this	s statement is filed.
If signing on behalf of	an entity:			
	Khadijeh Hemi	mati		
		Typed or Printed Name		
	Secretary			
		Capacity		

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

FILING FEES:
\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

Tallahassee, FL 32314

 $r = -\epsilon - r = \lambda = -\epsilon$ 

### **COVER LETTER**

TO: I	Registration Section Division of Corporations		
SUBJE	ROYAL PERKS REWARDS LLC	C	
	Name	of Limited Liability	Company
DOCUN	MENT NUMBER: L22000045329		
The enci	losed Resignation of Registered A	Agent for a Limited	d Liability Company and fee are submitted
Please re	eturn all correspondence concern	ing this matter to t	he following:
Ryan Pot	ter		
	Name of Person		-
ZenBusin	ness Inc.		
	Name of Firm/Company	,	-
336 E. Co	ollege Ave. Suite 301		
	Address		-
Tallahass	see, FL 32301		
	City/State and Zip Code	-,···	-
ra@zenbu	usiness.com		
E-m	ail address: (to be used for future annua	l report notification)	-
For furth	ner information concerning this m	natter, please call:	
Ryan Pott		844 at (	493-6249
	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 provi	sions of section 605.0115, Florid	la Statutes, the undersigned,	T SET T
ZENBUSINESS INC.		, hereby resigns as	5
	Name of Registered Agent	. Hereby resigns as	TO PA
Registered Agent for			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
ROYAL PERKS REV	ARDS LLC		- <del> </del>
	Name of Limited Liabi	lity Company	
L22000045329			
Document	Number, if known		
A copy of this resign.	ation was mailed to the above list	ted limited liability company at its last k	nown address.
The agency is termin	ated and the office discontinued	on the 31st day after the date on which the	his statement is filed.
	_ that A	e of Resigning Agent	
If signing on behalf o	f an entity:		
	Khadijeh Hemmati		
	Typed or Pr	inted Name	
	Secretary		
	Capaci	ty	

FILING FEES:
\$ 85.00
\$ 25.00
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