

L 220000094903

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

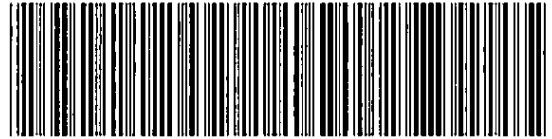
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SQRL SERVICE STATIONS LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L22000094903

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:

Jimmy A. Castex, Jr.

Name of Person

CASTEX ESNARD, L.L.C.

Name of Firm/Company

650 Poydras Street, Suite 2415

Address

New Orleans, Louisiana 70130

City/State and Zip Code

jcastex@castexesnard.com

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

For further information concerning this matter, please call:

Jimmy A. Castex, Jr.

Name of Person

at (504) 262.9880
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

LUSTHAUS LAW GROUP, PLLC

, hereby resigns as

Name of Registered Agent

Registered Agent for SQRL SERVICE STATIONS LLC

Name of Limited Liability Company

L22000094903

Document Number, if known

2024 JUN 19 PM 11:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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:

Adam Lusthaus

Typed or Printed Name

Member

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