L22000113178

(Requestor's Name)	
(Address)	
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, ,	
(City/State/Zip/Phone #)	
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COVER LETTER

O: Registration Section Division of Corporations	
UBJECT: SNG Hospitality LLC Name of Limited Liability Company	
OCUMENT NUMBER: L22000113178	
he enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submi or filing.	itted
lease return all correspondence concerning this matter to the following:	
Inited States Corporation Agents, Inc.	
Name of Person	
egalzoom.com, Inc.	
Name of Firm/Company	
900 Spectrum Dr.	
Address	
sustin, TX 78717	
City/State and Zip Code	
aresignations@legalzoom.com	
E-mail address: (to be used for future annual report notification)	
or further information concerning this matter, please call:	
Name of Person Area Code Daytime Telephone Number	
nclosed is a check made payable to the Florida Department of State for \$85.00 for an active limitability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn ability company.	ted Iimit

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	s of section 605.0115, Florida S	tatutes, the undersigned,		
United States Corporation Agents, Inc, hereby resi			igns as	
	Name of Registered Agent	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	5	
Registered Agent for St	IG Hospitality LLC	<u> </u>		
	. Name of Limited Liability	Company		•
L22000113178				
Document Nu	nber, if known			
A copy of this resignation	n 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 or	which this statement is	s filed.
	Signature o	CResigning Agent	2023 HOV -	
If signing on behalf of a	entity:		. YOY	
	Cheyenne Moseley		¹	
	Typed or Printe	ed Name	AH	i e i
	Asst. Secretary for United State	s Corporation Agents, Inc.	9	
	Capacity		9: 31	

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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