

L22000165326

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

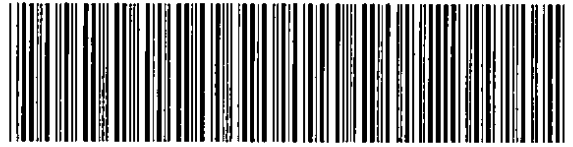
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2023 JUN -5 AM 10:37

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Tropical Trail Associates, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L22000165326

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:

Justin Munizzi

Name of Person

The Munizzi law Firm

Name of Firm/Company

101 N. Woodland Blvd., Suite # 601

Address

DeLand, FL 32720

City/State and Zip Code

legal@munizzilaw.com

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

For further information concerning this matter, please call:

Sonja Wiles

Name of Person

at (407)

Area Code

772-6671

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

The Munizzi Law Firm

, hereby resigns as

Name of Registered Agent

Registered Agent for Tropical Trail Associates, LLC

Tropical Trail Associates, LLC

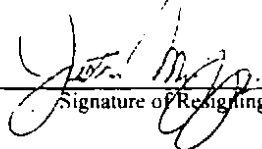
Name of Limited Liability Company

L22000165326

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:

Justin Munizzi

Typed or Printed Name

Attorney, Managing Partner

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

FILED
SECRETARY OF STATE
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CORPORATION