

**L2200170883**

Florida Department of State  
Division of Corporations  
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From:  
Account Name : COHEN, NORRIS, WOLMER, RAY, TELEPMAN & COHEN  
Account Number : I20020000140  
Phone : (561)844-3600  
Fax Number : (561)842-4104

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

LLC REGISTERED AGENT RESIGNATION  
SOUTHERN HOSPITALITY IN JUPITER, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

DEPARTMENT OF STATE  
TALLAHASSEE, FL

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T. LEMIEUX

MAY 21 2024

### COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SOUTHERN HOSPITALITY IN JUPITER, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L22000170883

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:

GREGORY R. COHEN, ESQ.  
Name of Person

Cohen Norris Wolmer Ray Telepman Berkowitz & Cohen  
Name of Firm/Company

712 U.S. Highway One, Suite 400  
Address

North Palm Beach, FL 33408  
City/State and Zip Code

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

For further information concerning this matter, please call:

Karin Drakas at (561) 844-3600  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

Gregory R. Cohen, Esq.

\_\_\_\_\_, hereby resigns as

Name of Registered Agent

Registered Agent for Southern Hospitality in Jupiter, LLC

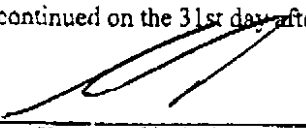
Name of Limited Liability Company

L22000170883

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address on \_\_\_\_\_.

The agency is terminated and the office discontinued on the 31st day after the date of \_\_\_\_\_.



Signature of Resigning Agent

If signing on behalf of an entity:

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

\_\_\_\_\_  
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

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