

L22000299101

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

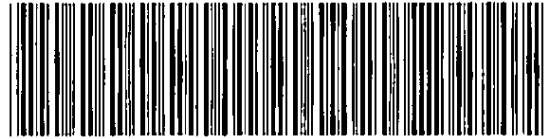
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500405915425

04/04/23--21010--031 **85.00

FILED
2023 APR -4 PM 2:06
NOTARY PUBLIC
STATE OF NEW YORK

RA Resignation

JUL 10 2023

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FLS Hospitality Group LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L22000299101

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:

Brent Boyd

Name of Person

Name of Firm/Company

136 Banyan Circle

Address

Jupiter, FL 33458

City/State and Zip Code

bboyd

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

For further information concerning this matter, please call:

Brent Boyd247311@gmail.com

561

262-0577

Name of Person

at (

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Global Tax Law PLLC

, hereby resigns as

Name of Registered Agent

Registered Agent for FLS Hospitality Group LLC

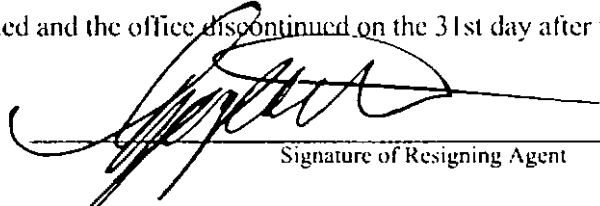
Name of Limited Liability Company

L22000299101

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:

Christine Concepcion, Esq.

Typed or Printed Name

Managing Member

Capacity

FILED
2023 APR -4 PM 2:06
CORPORATE SERVICES

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