

L220000360714

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

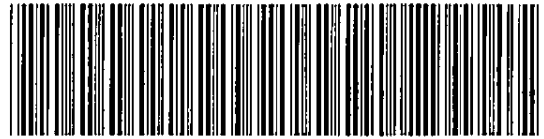
(Document Number)

Certified Copies _____

Certificates of Status _____

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CLERK OF STATE
TALLAHASSEE, FL

AB

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Vibes Charter, LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L22000360714

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:

Abby Rosengren

Name of Person

Main Street Business Services, LLC

Name of Firm/Company

1883 W Royal Hunte Dr. Ste. 200

Address

Cedar City, UT 84720

City/State and Zip Code

abby@mainstreetbusiness.com

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

For further information concerning this matter, please call:

Abby Rosengren

Name of Person

at (435) 288-0922
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

REGISTERED AGENT SOLUTIONS, INC.

_____, hereby resigns as
Name of Registered Agent

Registered Agent for Vibes Charter, LLC

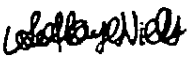
Name of Limited Liability Company

L22000360714

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:

Samantha Niels Registered Agent Solutions, Inc.

Typed or Printed Name
Assistant Secretary

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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SECRETARY OF STATE
TALLAHASSEE, FL

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Name of Registered Agent

Registered Agent for Vibes Charter, LLC

Name of Limited Liability Company

L22000360714

Document Number, if known

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If signing on behalf of an entity:

Samantha Niels

Registered Agent Solutions, Inc.

Typed or Printed Name

Assistant Secretary

Capacity

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\$ 85.00	Active limited liability company
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