

L22000489508

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

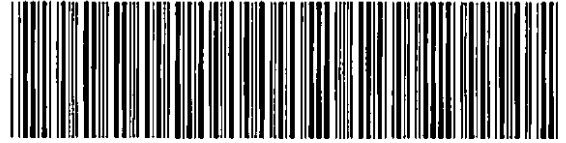
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TALLAHASSEE, FL

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6/27/25

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** NOMADIN TRAVEL LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L22000489508

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:

Anthony Agyeman

Name of Person

NOMADIN TRAVEL LLC

Name of Firm/Company

255 ALHAMBRA CIRCLE, Suite 1060

Address

Coral Gables, FL 33134

City/State and Zip Code

contact@anthonyagyeman.com

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

For further information concerning this matter, please call:

Anthony Agyeman

213

999-9184

at ( )

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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SECRETARY OF STATE  
TALLAHASSEE, FL

# STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Jane W. Muir

, hereby resigns as

Name of Registered Agent

Registered Agent for NOMADIN TRAVEL, LLC

Name of Limited Liability Company

1.22000489508

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.

Jane W. Muir  
Signature of Resigning Agent

If signing on behalf of an entity:

Jane W. Muir  
Typed or Printed Name

Registered Agent  
Capacity

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SECRETARY OF STATE  
TALLAHASSEE, FL

## 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