

L22000534509

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

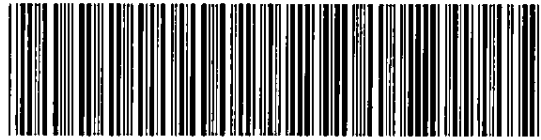
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Wmills

Office Use Only



600426217836

04/01/24--01043--022 \*\*85.00

FILED  
2024 APR -1 AM 9:47

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Neons Beach Shack LLC  
Name of Limited Liability Company

DOCUMENT NUMBER: L22000534509

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:

Brandi F Cox  
Name of Person

Neons Beach Shack LLC  
Name of Firm/Company

8501 Thomas Dr.  
Address

Panama City Beach FL 32408  
City/State and Zip Code

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

For further information concerning this matter, please call:

Brandi Cox at (757) 869-3020  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

Aza F Cox, hereby resigns as  
Name of Registered Agent

Registered Agent for Neons Beach Shack LLC  
Name of Limited Liability Company

122000534509  
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]  
Signature of Resigning Agent

If signing on behalf of an entity:

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

FILED  
2024 APR -1 AM 9:47  
TALLAHASSEE, FLORIDA

## 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