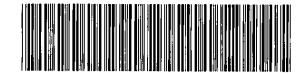
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(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone	e #)	
PICK-UP WAIT	MAIL	
(Business Entity Nan	ne)	
(Document Number)		
Certified Copies Certificates	of Status	
Special Instructions to Filing Officer:		





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COVER LETTER

SUBJECT: Southern Hospitality Venue LLC Name of Limited Liability Company DOCUMENT NUMBER: L23000070585 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: United States Corporation Agents, Inc. Name of Person Legalzoom.com, Inc. Name of Firm/Company 9900 Spectrum Dr. Address Austin, TX 78717 City/State and Zip Code raresignations@legalzoom.com E-mail address: (to be used for future annual report notification)

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

For further information concerning this matter, please call:

Name of Person

TO: Registration Section
Division of Corporations

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Daytime Telephone Number

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provis	sions of section 605.0115, Florida Statutes, the unders	igned.
United States Co	rporation Agents, Inc.	hereby resigns as
	Name of Registered Agent	nereby resigns as
Registered Agent for	Southern Hospitality Venue LLC	
	Name of Limited Liability Company	·
L23000070585		.7
Document	Number, if known	- 10 m
A copy of this resignation. The agency is terminating	Number, if known ation was mailed to the above listed limited liability contends and the office discontinued on the 31st day after the same at the office discontinued on the 31st day after the same at the same	ompany at its last known address. the date on which this statement is filed.
	Signature of Resigning Agent	——————————————————————————————————————
If signing on behalf of	fan entity:	
	Cheyenne Moseley	
	Typed or Printed Name	
	Asst. Secretary for United States Corporation Ager	nts, Inc.
	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