

L23000204187

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

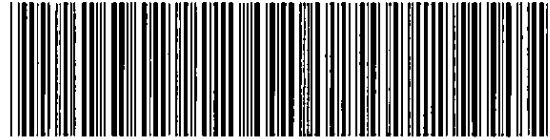
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100414393981

08/23/23--01016--009 **85.00

2023 AUG 23 PM 12:40
DIVISION OF CORPORATE AFFAIRS

08/23/23

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: STAYCATION TAMPA, LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L23000204187

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:

J. Patrick Walsh, Esq.

Name of Person

Coats Schmidt, P.A.

Name of Firm/Company

4055 Central Ave.

Address

St. Petersburg, FL 33777

City/State and Zip Code

patt@coats-schmidt.com

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

For further information concerning this matter, please call:

J. Patrick Walsh, Esq.

at (727) 456-4462

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

FLORIDA
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2023 AUG 23 PM 12:40

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

Coats Schmidt, P.A.

Name of Registered Agent

, hereby resigns as

Registered Agent for STAYCATION TAMPA, LLC

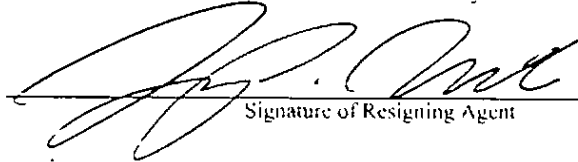
Name of Limited Liability Company

L23000204187

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:

J. Patrick Walsh, Esq.

Typed or Printed Name

Authorized Agent

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

FILED
DIVISION OF CORPORATIONS
2023 AUG 23 PM 12:40