M07000004066

(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

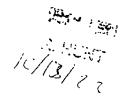


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2023 OCT 13 PH12: 40

DIVISION OF CORPORATION





Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301 850.656.7956

Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com

ORDER FORM

TO Florida Department of State The Centre of Tallahassee 2415 North Monroe Street, Suite 810 Tallahassee, FL 32303 corphelp@dos.myflorida.com

850-245-6051

FROM Melissa Moreau

mmoreau@incserv.com

850.656.7953

REQUEST DATE 10/13/2023

PRIORITY Routine

OUR REF # (Order ID#) Westley

ORDER ENTITY NEW ARAGON REALTY LLC

PLEASE PERFORM THE FOLLOWING SERVICES:

NEW ARAGON REALTY LLC

Please file the attached resignation.

\$85.00 Authorized

NOTES:

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

H23000340547 3

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT:	NEW ARAGON REALTY LLG			
	•	of Limited Liability Company		
DOCUMENT NUMBER: M07000	004066		_	
The enclosed Resignation of Registe for filing.	red Agent for a Limited	Liability Company and fee a	re submitted	
Please return all correspondence con	cerning this matter to th	ne following:		
Westley Look				
Name of Person	n	•		
Incorporating Services, Ltd.				
Name of Firm/Com	pany	•	202	NG.
3500 S DuPont Highway			2023 OCT 13	DIVISIANO
Address		-	<u> </u>	4
Dover, DE 19901				C) 7/2
City/State and Zip	Code	•	PM 12: 40	160 180 180
wlook@incserv.com			0,1	
E-mail address: (to be used for future	annual report notification)	•		·
For further information concerning t	his matter, please call:			
Westley Look	302 at (531-0703		
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

INHS17 (2/14)

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of	of section 605.0115	6, Florida Statutes, the	undersigned,		
Incorporating Services, Ltd. , hereby resigns as					
No	me of Registered Agen				
Registered Agent for	NEW ARAGON REALTY LLC				
	Name of Limi	ited Liability Company		 '	
M07000004066					
Document Number	er, if known				
A copy of this resignation v	was mailed to the a	bove listed limited liab	oility company at its last known addre	ess.	
The agency is terminated a	nd the office discor	ntinued on the 31st day	y after the date on which this statemen	nt is filed	l.
	_ARnc	NOMOCUL Signature of Resigning A	gent		
If signing on behalf of an e	ntity:				
	Ama	anda Archambault		202	DIVISIO
	T	yped or Printed Name		2023 OCT 13	Sicr
Assistant Secretary				-	- 호텔·
-		Cupacity		$\overline{\omega}$	87,
				_₽ 3€	- 경우: - 모.:
	FILING	REES.		PH 12: 40	25
	\$ 85.00 \$ 25.00	Active limited liabil Administratively dis withdrawn limited	lity company ssolved/ voluntarily dissolved/ liability company	0	

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314