

8/27/2021

Division of Corporations

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**M070DD006969**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:  
Division of Corporations  
Fax Number : (850)617-6383

From:  
Account Name : ROGERS, TOWERS, BAILEY, ET AL  
Account Number : 076666002273  
Phone : (904)398-3911  
Fax Number : (904)396-0663

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: jcassell@rtlaw.com

**LLC REGISTERED AGENT RESIGNATION  
SONAS HOLDINGS, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

AUG 30 2021

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**COVER LETTER**

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**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Sonas Holding, LLC

\_\_\_\_\_  
Name of Limited Liability Company

**DOCUMENT NUMBER:** M07000006969

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:

H. Joseph O'Shields

\_\_\_\_\_  
Name of Person

Rogers Towers, P.A.

\_\_\_\_\_  
Name of Firm/Company

1301 Riverplace Blvd. Suite 1500

\_\_\_\_\_  
Address

Jacksonville, Florida 32207

\_\_\_\_\_  
City/State and Zip Code

joshields@rtlaw.com

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

For further information concerning this matter, please call:

H. Joseph O'Shields

904

673-1692

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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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## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

H. Joseph O'Shields  
\_\_\_\_\_, hereby resigns as  
Name of Registered Agent

Registered Agent for Sonas Holdings, LLC  
\_\_\_\_\_

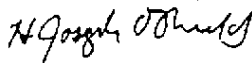
\_\_\_\_\_  
Name of Limited Liability Company

M07000006969  
\_\_\_\_\_

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:

H. Joseph O'Shields  
\_\_\_\_\_

Typed or Printed Name

Officer/Registered 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  
2021 AUG 27 AM 8:32  
TALLAHASSEE, FL 32314

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