

M09 00000 5052

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

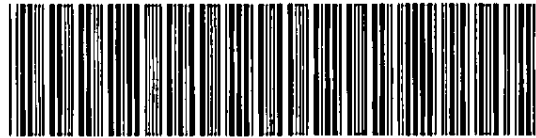
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000346756450

06/23/20--01016--026 **85.00

RECEIVED

JUN 22 2020

AUG 10 2020

2020 JUN 22 PM 1:42

RIP Design

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NEW PORT RICHEY OPERATING, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: M09000005052

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:

LISA A STARRY

Name of Person

TRAC - THE REGISTERED AGENT COMPANY

Name of Firm/Company

715 SAINT PAUL ST

Address

BALTIMORE MD 21202

City/State and Zip Code

FINANCE@TRACAGENTS.COM

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

For further information concerning this matter, please call:

LISA A STARRY at (410) 752-8030
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

TRAC - THE REGISTERED AGENT COMPANY

, hereby resigns as

Name of Registered Agent

Registered Agent for NEW PORT RICHEY OPERATING, LLC

Name of Limited Liability Company

M09000005052

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:

LISA A STARRY

Typed or Printed Name

VP, ON BEHALF OF TRAC - THE REGISTERED AGENT

Capacity

2020 JUN 22 PM 1:42

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