

M100000002162

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

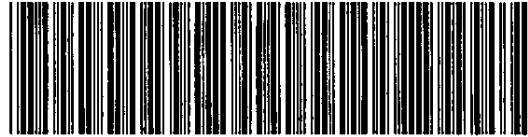
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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04/26/16--01030--027 \*\*85.00

FILED  
16 MAY 17 AM 9:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2/10/05



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 27, 2016

VANESSA AZEMAR

25 ROBERT PITT DRIVE SUITE 204  
MONSEY, NY 10952

SUBJECT: ROYAL SUMMIT LLC  
Ref. Number: M10000002162

RECEIVED  
2016 MAY 17 PM 1:45  
TALLAHASSEE, FLORIDA

We have received your document for ROYAL SUMMIT LLC and your check(s) totaling \$85.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Registered agent must sign statement of resignation of registered agent for a limited liability company form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott  
Regulatory Specialist II

Letter Number: 516A00008721

FILED  
16 MAY 17 AM 10:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Royal Summit LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** M10000002162

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:

VANESSA AZEMAR

Name of Person

VCORP SERVICES, LLC

Name of Firm/Company

25 ROBERT PITT DRIVE SUITE 204

Address

MONSEY NY 10952

City/State and Zip Code

VANESSAA@VCORPSERVICES.COM

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

For further information concerning this matter, please call:

VANESSA AZEMAR

Name of Person

at ( 845 ) 517-3517

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

FILED  
16 MAY 17 AM 10:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

Vcorp Services, LLC

, hereby resigns as

Name of Registered Agent

Registered Agent for Royal Summit LLC

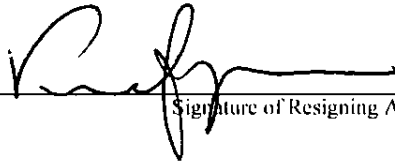
Name of Limited Liability Company

M10000002162

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:

VANESSA AZEMAR, VCORP SERVICES, LLC

Typed or Printed Name

AUTHORIZED PERSON

Capacity

FILED  
16 MAY 17 AM 10:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

### 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