M11000002130

(Re	questor's Name)			
(Ad	dress)	<u> </u>		
(Ad	dress)			
(Cit	ty/State/Zip/Phone	; #)		
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HARRIS

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJ	ECT: T3 Hospitality, LLC	
		Liability Company
DOC	UMENT NUMBER: M11000002130	·
The en	nclosed Resignation of Registered Agent for a ing.	Limited Liability Company and fee are submitted
Please	return all correspondence concerning this mat	ter to the following:
Nina	Tarowsky	
	Name of Person	
Unite	d Corporate Services, Inc.	
	Name of Firm/Company	
10 Ba	ank St. Ste. 560	
	Address	
White	Plains, NY 10606	
	City/State and Zip Code	
pzaba	atta@gmail.com	
E	mail address: (to be used for future annual report notifie	cation)
For fu	rther information concerning this matter, pleas	e call:
Nina	Tarowsky 914	949-9188
	Name of Person Are	a Code Daytime Telephone Number
liabilit	sed is a check made payable to the Florida Dep y company or \$25.00 for an administratively d y company.	artment of State for \$85.00 for an active limited issolved, voluntarily dissolved or withdrawn limited
	•	STREET ADDRESS: Registration Section

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of	of section 605.011	5, Florida Statutes, the unde	rsigned,			
United Corporate Services, Inc.			, hereby resigns as			
Na	nt	, noreal resigns as				
Registered Agent for T3 H	lospitality, LLC				_	
	Name of Lim	nited Liability Company				_,
	Traine of Bill	mod diacinty company				
M11000002130						
Document Number	er, if known					
A copy of this resignation v	vas mailed to the a	above listed limited liability	company at its last k	nown ac	idress.	
The agency is terminated ar	nd the office disco	ntinued on the 31st day after	r the date on which tl	his state	ment i	s filed.
_	Wh	Signature of Resigning Agent				
If signing on behalf of an er	ntity:					
М	ichael A. Barr					
	T;	yped or Printed Name		SE	<u>ට</u>	
<u>Pi</u>	resident, United	d Corporate Services, I	inc.			
		Capacity			L 22	ۇ ئا خەخىدىن غەخىدىن
	FILING	EFFS.			Ξ)
	FILING \$ 85.00 \$ 25.00	Active limited liability co Administratively dissolve withdrawn limited liabili	ompany ed/ voluntarily dissol ty company	FLORES A	PH 12: 44	

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