Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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From:

Account Name : INCORP SERVICES INC

Account Number : 120120000007 Phone : (702)866-2500 Fax Number : (702)366 2689

**Enter the email address for this pusiness entity to be used to anneal report mailings. Enter only one email address please

Email Address: documents@incorp.com

LLC REGISTERED AGENT RESIGNATION CRS MANAGEMENT GROUP LLC

Certificate of Status	0
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Page Count	0.3
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TO:

Date: 6/9/2021 2:01:29 PM

COVER LETTER

SUBJECT: CRS MANAGEMENT GROUP	mited Liability	Company
DOCUMENT NUMBER: M1400000330	-	
The enclosed Resignation of Registered Agent for filing.	for a Limited	Liability Company and fee are submitte
Please return all correspondence concerning th	is matter to th	ne following:
Wendy Hefley		
Name of Person		
Incorp Services, Inc.		
Name of Firm/Company	······································	
3773 Howard Hughes Parkway, Suite 500	DS .	
Address		-
Las Vegas, NV 89169-6014		
City/State and Zip Code		•
processing@incorp.com		
E-mail address: (to be used for future annual repor	t notification)	•
For further information concerning this matter.	, picase call:	
Incorp Services, Inc./Wendy Hefley	702 at (866-2500 ext 6904
Name of Person	Area Code) Naytime Telephone Number

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

Page: 3/3 Date: 6/9/2021 2:01:29 PM

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0	115, Florida Statutes, the und	ersigned.		
Incorp Services, Inc.		_, hereby resigns as		
Name of Registered A	genl			
Registered Agent for CRS MANAGEM	ENT GROUP LLC			
Name of t	Limited Liability Company		•	
M14000003304				
Document Number, il known				
A copy of this resignation was mailed to the	e above listed limited liabilit	y company at its last know	wn address.	
The agency is terminated and the office dis	scontinued on the-31st day af	ter the date on which this	statement is	filed
<u>~</u>	Signature of Designing Agent			
If signing on behalf of an entity:				
Wendy Hefley	for Incorp Services, Inc	i ii i	& 2	
Typed or Printed Name			PIC 2021 JUN 10 Weight Park	
Authorized Re	<u>'</u>			
	Capacity	SS		7
FIL.IN \$ 85.0 \$ 25.0	G FEES: O Active limited liability O Administratively dissol withdrawn limited liab	ved/ voluntarily dissowe	AH 9: C	ת ס

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