30000

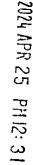
(Re	questor's Name)		
(Address)			
(Address)			
			
(City/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Nan	ne)	
(Document Number)			
Certified Copies	Certificates	s of Status	
Special Instructions to Filing Officer:			
Crossis metastione to 1 ming officer.			
Lumills			
— Willia			

Office Use Only



500428387925

04/25/24-**-0**020-014 *x25.00



COVER LETTER

TO: Registration Section Division of Corporations			
CHG MANAGEMENT	OCALA, LLC		
N N	ame of Limited Liabili	ty Company	
DOCUMENT NUMBER: M14000	008409		
The enclosed Resignation of Register for filing.	red Agent for a Limite	ed Liability Comp	any and fee are submitted
Please return all correspondence conc	cerning this matter to	the following:	ļ.
MARGARET MUSZELIK			
Name of Person			
TRAC - THE REGISTERED AGE	NT COMPANY		
Name of Firm/Com	oany	_	
3401 Manor Hill Road			
Address		_	
Pikesville, MD 21208			'
City/State and Zip C	Tode	_	
E-mail address: (to be used for future a	nnual report notification)		
For further information concerning th	nis matter, please call		
MARGARET MUSZELIK	410 at (752-8030	
Name of Person		e Daytime Teleph	none Number
Enclosed is a check made payable to liability company or \$25.00 for an ad liability company.	the Florida Departme ministratively dissolv	nt of State for \$85 red, voluntarily dis	5.00 for an active limited ssolved or withdrawn limited
MAILING ADDRESS:	STRI	EET ADDRESS:	
Registration Section		Registration Section	
Division of Corporations	~	Division of Corporations	
P.O. Box 6327		Clifton Building	
Tallahassee, FL 32314		Executive Center nassee, FL 32301	Circle

INHS17 (2/14)

TO:

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersTRAC - THE REGISTERED AGENT COMPANY	
Name of Registered Agent	hereby resigns as
Registered Agent for CHG MANAGEMENT OCALA, LLC	
Name of Limited Liability Company	
M14000008409	-
Document Number, if known	
A copy of this resignation was mailed to the above listed limited liability c The agency is terminated and the office discontinued on the 31st day after Signatury of Resigning Agent If signing on behalf of an entity: MARGARET MUSZELIK	11 SE 124
Typed or Printed Name VP	
FILING FEES: \$ 85.00 Active limited liability cor \$ 25.00 Administratively dissolved withdrawn limited liability	4/ vofuntarily dis s olved/
Make checks payable to Florida Department of S	tote and mail to:

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314