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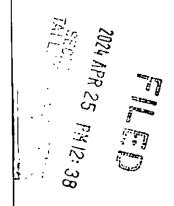
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INHS17 (2/14)

TO: Registration Section Division of Corporations			
CHG MANAGEMENT ST.	PETERSBURG	LLC	!
SUBJECT:	of Limited Liability		
DOCUMENT NUMBER: M140000084	-	Compute	
The enclosed Resignation of Registered A for filing.	agent for a Limited	Liability Compar	and fee are submitted
Please return all correspondence concerni	ng this matter to th	e following:	
MARGARET MUSZELIK			
Name of Person			[
TRAC - THE REGISTERED AGENT	COMPANY		
Name of Firm/Company			
3401 Manor Hill Road			
Address			
Pikesville, MD 21208			
City/State and Zip Code			
			<u> </u>
E-mail address: (to be used for future annual	report notification)		
For further information concerning this m	atter, please call:		
MARGARET MUSZELIK	410 at (752-8030	ļ. ,
Name of Person	Area Code	Daytime Telephor	ne Number
Enclosed is a check made payable to the I liability company or \$25.00 for an adminiliability company.	florida Department stratively dissolve	of State for \$85.0 d. voluntarily diss	 0 for an active limited
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registr Divisio Clifton	ET ADDRESS: ation Section n of Corporations Building secutive Center C	
Tananassee, 14, 32314		ssee, FL 32301	

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provis	ions of section 605.011:	5. Florida Statutes, the u	ndersigned.	1	
TRAC - THE REC	GISTERED AGENT	COMPANY	, hereby resigns a	e e	
Name of Registered Agent				Ì	
Registered Agent for	CHG MANAGEME	NT ST. PETERSBU	IRG, LLC		
	Name of Lim	nited Liability Company			
M14000008427					
Document	Number, if known			1	
A copy of this resigna	ation was mailed to the a	above listed limited liabi	lity company at its la] st known address. I	
The agency is termina If signing on behalf o	t'an entity: MARGARET MU	Signature of Resigning Age USZELIK Typed or Printed Name Capacity	after the date on which	en 2024 APR 25 PH 12: 38	inled.
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liabilit Administratively diss withdrawn limited lia	olved/voluntarily dis	ssolved/	

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