

M14000009025

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

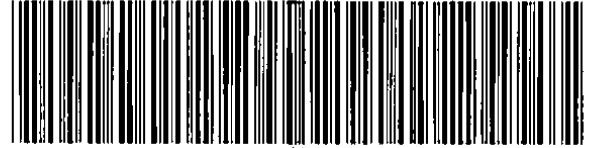
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Umls

Office Use Only



200428387952

04/25/24 -01020--011 *\$25.00

FILED
2024 APR 25 PM 12:46
SEC. 111

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CHG MANAGEMENT ST. AUGUSTINE, LLC

Name of Limited Liability Company

DOCUMENT NUMBER: M14000009025

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:

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

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

For further information concerning this matter, please call:

MARGARET MUSZELIK

Name of Person

at (**410**) **752-8030**

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

TRAC - THE REGISTERED AGENT COMPANY

, hereby resigns as

Name of Registered Agent

Registered Agent for **CHG MANAGEMENT ST. AUGUSTINE, LLC**

Name of Limited Liability Company

M14000009025

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:

MARGARET MUSZELIK

Typed or Printed Name

VP

Capacity

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

FILED
201 APR 25 PM 12:46
TELETYPE