# Florida Department of State

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(((H23000118065 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

| Email | Address: |  |  |
|-------|----------|--|--|
|       |          |  |  |

### LLC REGISTERED AGENT RESIGNATION LG 301 AND SUMMERFIELD, LLC

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 0       |
| Page Count            | 01      |
| Estimated Charge      | \$25.00 |

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Help

**TO:** Registration Section

#### COVER LETTER

| SUBJECT: LG 301 AND SUMMER                        | me of Limited Liability Company                                |
|---|--|
|   | • • •  |
| DOCUMENT NUMBER: M160000                          |  |
| The enclosed Resignation of Registere for filing. | ed Agent for a Limited Liability Company and fee are submitted |
| Please return all correspondence conce            | erning this matter to the following:                           |
| Vanessa Castillo                                  |  |
| Name of Person                                    | <del></del>  |
| Registered Agent Solutions, Inc.                  |  |
| Name of Firm/Compa                                | any  |
| Corporate Center One, 5301 Southwe                | est Parkway, Suite 400   |
| Address   |  |
| Austin, Texas 78735                               |  |
| City/State and Zip Co                             | ode  |
| E-mail address: (to be used for future and        | nual report notification)                                      |
| For further information concerning this           | s matter, please call:   |
| Vanessa Castillo                                  | at ( 888 ) 705-7274  Area Code Daytime Telephone Number        |
| Name of Person                                    | 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provi                                | sions of section 605.0115, Fl                 | lorida Statutes, the undersig  | ned,                                    |                                  |  |
|--|---|--|---|----------------------------------|--|
| Registered Agent Solutions, Inc. , hereby resigns as |   |  |   |                                  |  |
|  | neog remembered                               |  |   |                                  |  |
| Registered Agent for                                 | LG 301 AND SUMME                              | RFIELD, LLC  |   |                                  |  |
|  | Name of Limited                               | Liability Company  |   | ·                                |  |
| M16000005523   |   |  |   |                                  |  |
| Document   | Number, if known                              | -  |   |                                  |  |
| The agency is termin                                 | ated and the office discontinuous             | ued on the 31st day after the  | e date on which this st                 |                                  |  |
| If signing on behalf o                               | f an entity:                                  |  | · -                                     | 2023                             |  |
|  | Mackenzie Hibler                              |  |   | 70 7 A FIL<br>FIL<br>2023 MAR 29 |  |
|  | Typed   | or Printed Name  | <del></del> .                           | R 1                              |  |
|  | Assistant Secretary, Re                       | egistered Agent Solutions  | s. Inc.                                 | , 1 <del>11</del> =              |  |
|  | C   | apacity  | · .                                     | PH 2: 49                         |  |
|  | FILING FEI<br>\$ 85.00 Ac<br>\$ 25.00 Ac<br>W | ES:<br>ctive limited liability comp<br>dministratively dissolved/v<br>ithdrawn limited liability c | any<br>voluntarily dissolved/<br>ompany |                                  |  |