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RECEIVED



To: Department Of State, Division Of Corporations

From: Amanda Miller

Ext: x62969 Date: 11/06/24 Order #: 1659819-8

Re: Plaza Street Slims 1, LLC Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Agent Resignation

Amount to be deducted from our State Account: \$85.00 - FL State Account Number:

12000000195

Please take the following action:

File in your office on basis Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

Plaza Street Slims 1, LLC SUBJECT:____ Name of Limited Liability Company $\textbf{DOCUMENT NUMBER:} ^{M19000012044}$ 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: RESIGNATIONS DEPARTMENT Name of Person CORPORATION SERVICE COMPANY Name of Firm/Company 251 LITTLE FALLS DRIVE Address WILMINGTON, DE 19808 City/State and Zip Code ANNUALREPORTS@CSCGLOBAL.COM E-mail address: (to be used for future annual report notification)

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

RESIGNATION DEPT

Registration Section

Division of Corporations

TO:

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

For further information concerning this matter, please call:

Name of Person

Street Address:

Area Code Davtime Telephone Number

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provis	sions of section 605.0115,	Florida Statutes, the un	idersigned,
CORPORATION SERVICE COMPANY		, hereby resigns as	
	Name of Registered Agent		
Registered Agent for	Plaza Street Slims 1, LLC		
	Name of Limit	ed Liability Company	
M19000012044			
1 locument	Number, if known	_	
A copy of this resign	ation was mailed to the ab	ove listed limited liabili	ity company at its last known address.
The agency is termin	ated and the office discon	tinued on the 31st day a	after the date on which this statement is file
	Kyh back		
		Signature of Resigning Ager	nt 🗀
If signing on behalf of an entity:			20241107 - 6 SEONE 1 1 1 1
	BY KYLE TODD		三年 完
	Typ	ped or Printed Name	
	VICE PRESIDENT		رومین مرابع
		Capacity	 ට ට හ

FILING FEES:

Active limited liability company
Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company \$ 85.00 \$ 25.00

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

INHS17 (2/14)