## Florida Department of State Dixision of Conforations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GUTTER, CHAVES, JOSEPHER, RUBIN, FOREMAN, FLEISER, MILLER, PA

Account Number : 075350000176 : (561)998-7847 Phone : (561)998-2642

Fax Number

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

mail	Address:	 _

## LLC REGISTERED AGENT RESIGNATION 1000 EAST BROWARD, LLC

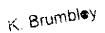
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Fax Audit No. 1123000407772 3

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

		gned,
M & W AGENTS, INC.		hereby resigns as
3	Name of Registered Agent	
Registered Agent for	000 EAST BROWARD, LLC	
	Name of Limited Liability Company	
L07000074 <b>7</b> 51		
Document Num	nber, if known	
The agency is terminated	and the office discontinued on the 31st day after	the date on which this statement is thed.
If signing on behalf of an	Signature of Resigning Agent	
If signing on behalf of ar	Signature of Resigning Agent	2023 NOV 29

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