

Division of Corporations

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**LOT 07694**

**Florida Department of State  
Division of Corporations  
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Fax Number : (850) 617-6380

From:

Account Name : SAUL, EWING, ARNSTEIN & LEHR, LLP  
Account Number : 120060000021  
Phone : (561) 833-9800  
Fax Number : (561) 655-5551

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

Email Address: Steven.Daniels@Saul.com

**REGISTERED AGENT RESIGNATION  
109 STERNS ST., LLC**

Certificate of Status	0
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# COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: 109 STERNS ST., LLC  
Name of Limited Liability Company

DOCUMENT NUMBER: L07000107894

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:

Steven L. Daniels

Name of Person

Saul Ewing Amstein & Lehr LLP

Name of Firm/Company

515 N. Flagler Drive, Suite 1400

Address

West Palm Beach, FL 33401

City/State and Zip Code

Steven.Daniels@Saul.com

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

For further information concerning this matter, please call:

Steven L. Daniels

Name of Person

at

561

Area Code

833-9800

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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

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

Steven L. Daniels, Esq. \_\_\_\_\_, hereby resigns as

\_\_\_\_\_  
Name of Registered Agent

Registered Agent for 109 STERNS ST., LLC \_\_\_\_\_

\_\_\_\_\_  
Name of Limited Liability Company

L07000107894 \_\_\_\_\_

\_\_\_\_\_  
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:

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Capacity

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2018

### 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