

Division of Corporations

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WTOU07094

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
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
Certified Copy	0
Page Count	02
Estimated Charge	\$87.50

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SEP 18 PM 3:47

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SECRETARY OF STATE
PALM BEACH COUNTY

9/20/18

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 at (561) 833-9800
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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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

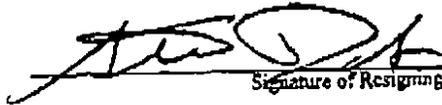
Name of Limited Liability Company

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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SEP 18 AM 11:17

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