# LD9000036790

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates	of Status			
Special Instructions to Filing Officer:					
		-			
·					

Office Use Only



800240571788

10/11/12--01014--008 \*\*25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

C. LEWIS

OCT 1 2 2012

EXAMINER

# RAFFERTY, KOBERT, TENENHOLTZ, BOUNDS & HESS, P.A.

ATTORNEYS AT. LAW

1401 BRICKELL AVENUE SUITE 825 MIAMI, FLORIDA 33131

BOCA RATON Ft. LAUDERDALE

WILLIAM L. RAFFERTY, JR.
ROGER S. KOBERT
JOHN S. TENENHOLTZ
BRUCE M. BOUNDS
THOMAS J. HESS
MARIA A. MARTINEZ-HUDSON
MARC PUGLIESE
SASHA HARO

TELEPHONE (305) 373-0330 FACSIMILE (305) 373-2735

OF COUNSEL

THOMAS L. ABRAMS OLGA GONZALEZ

October 4, 2012

Via USPS tracking #70063450000095814914 Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Resignation of William L. Rafferty, Jr. as Registered Agent for LLC, 180 Partners, LLC

Dear Sir or Madam:

Re:

Enclosed please find the Resignation of William L. Rafferty, Jr. as Registered Agent for 180 Partners, LLC. along with check #12978 in the amount of \$25.00 for payment of administrative costs to process this request.

If you have any questions, please feel free to contact me at 305-373-0330.

Oscar Apevalo

Legal Assistan

Enclosure

### **COVER LETTER**

SUBJECT:	180 Partners, L Name of Limited Liability	LC	
	Name of Limited Liability	Company	
DOCUMENT NUMBER:	L09000036790		
The enclosed Resignation of R for filing.	egistered Agent for a Limited	d Liability Company and fee are submitted	
Please return all correspondence	ee concerning this matter to t	he following:	
William L. R	afferty, Jr.		
Name of	Person		
Rafferty, Kobert, Tene			
Name of Firm	n/Company		
1401 Brickell Ave		-	
Addr	ess		
Miami, Flor	ida 33131	-	
City/State an	a Zip Code		
wrafferty@raffe	rtylawyers.com future annual report notification)	-	
E-mail address: (to be used for	future annual report notification)		
For further information concer	ning this matter, please call:		
William L. Rafferty,	Jr. at ( 305	3730330 & Daytime Telephone Number	
Name of Person	Area Code	& Daytime Telephone Number	
Enclosed is a check made paya liability company or \$25.00 fo limited liability company.	able to the Florida Departmer r an administratively dissolve	nt of State for \$85.00 for an active limited ed, voluntarily dissolved or withdrawn	

## **MAILING ADDRESS:**

TO: Amendment Section

**Division of Corporations** 

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

#### STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

# RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions	of section 608.416(2) or 608.509,	Florida Statutes, the undersigned,	ı
Wi	lliam L. Rafferty, Jr.	, hereby resigns as	
Name of Registered Agent			
Registered Agent for	180 F	Partners, LLC	
	Name of Limited Liability Cor	npany	
L090000	<del></del>		
Document Num	ber, if known		
.,	was mailed to the above listed lim		
The agency is terminated	and the office discontinued on the	31st day after the date on which the date on the date of the date	- 32m m
If signing on behalf of an	entity:		PH 2: 4
<u>-</u>	Typed or Printed N	ame	<b>-</b>

Capacity

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