

L11000089593

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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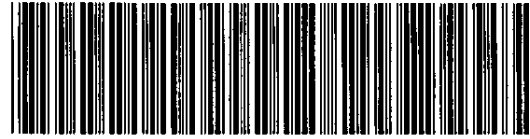
(Business Entity Name)

(Document Number)

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AUG 11 2014

C. CARROTHERS

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 738 SW 107th Avenue LLC  
(Name of Alien Business Organization)

**DOCUMENT NUMBER:** L11000089593

The enclosed Resignation of Registered Agent for an Alien Business Organization and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Brian J. McCarthy, Esq.  
(Name of Person)

Kaplan Zeena LLP  
(Name of Firm/Company)

2 S. Biscayne Blvd., Suite 3050  
(Address)

Miami, FL 33131  
(City/State and Zip Code)

For further information concerning this matter, please call:

Brian J. McCarthy at ( 305 ) 530-0800  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for:

\$87.50 Filing fee

\$140.00 (\$87.50 Filing Fee and \$52.50 for Certified Copy)

**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



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

**RESIGNATION OF REGISTERED AGENT  
FOR AN ALIEN BUSINESS ORGANIZATION**

Pursuant to the provisions of section 607.0502(2) Florida Statutes,

the undersigned, Brian J. McCarthy  
(Name of Registered Agent)

hereby resigns as Registered Agent for 738 S.W. 107th Avenue LLC,  
(Name of Alien Business Organization)

L11000089593  
(Document Number, if known)

A copy of this resignation was mailed to the above listed alien business organization 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)

**Filing Fee: \$87.50**  
**Certified Copy: \$52.50**

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