

2130000 23737

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

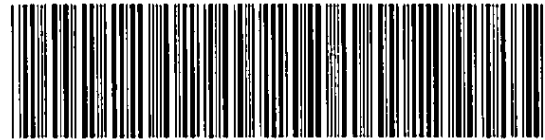
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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19 MAY 31 PM 3:23
CLERK OF SUPERIOR COURT
STATE OF WASHINGTON

O SIMMONS

JUN 03 2019



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 20, 2019

STEPHEN REISMAN
ONE SE THIRD AVE, STE 3100
MIAMI, FL 33131

SUBJECT: 1490 KAMCHATKA AVENUE, LLC
Ref. Number: L13000023737

We have received your document for 1490 KAMCHATKA AVENUE, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons
Regulatory Specialist II Supervisor

Letter Number: 519A00010177

RECEIVED

MAY 31 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 1490 Kamchatka Avenue LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L13000023737

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:

Stephen H. Reisman
Name of Person

Peckar & Abramson
Name of Firm/Company

One SE Third Ave., Suite 3100
Address

Miami, FL 33131
City/State and Zip Code

jdaitz@hallboothsmith.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jeffrey M. Daitz at (201) 221-7014
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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

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

Stephen H. Reisman, hereby resigns as
Name of Registered Agent

Registered Agent for 1490 Kamchatka Avenue LLC
Name of Limited Liability Company

L13000023737
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

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

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19 MAY 31 PM 3:23
TALLAHASSEE, FLORIDA