

L13000165683

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

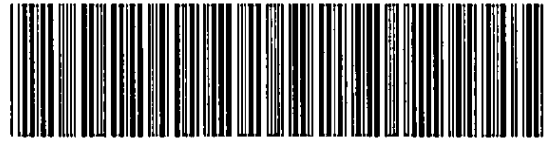
(Business Entity Name)

(Document Number)

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2020 SEP -2 PM 4:49  
SECRETARY OF STATE  
TALLAHASSEE, FL

JQ 10/13/20

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MG LEHIGH ACRES HOLDING LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L13000165683

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:

LLOYD GRANET

\_\_\_\_\_  
Name of Person

LLOYD GRANET, P.A.

\_\_\_\_\_  
Name of Firm/Company

2295 NW CORPORATE BOULEVARD, SUITE 235

\_\_\_\_\_  
Address

BOCA RATON, FL 33431

\_\_\_\_\_  
City/State and Zip Code

LGRANET@GRANETLAW.COM

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

For further information concerning this matter, please call:

LLOYD GRANET

\_\_\_\_\_  
Name of Person

at ( 561 ) 999-9300

\_\_\_\_\_  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

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

LLOYD GRANET

, hereby resigns as

Name of Registered Agent

Registered Agent for MG LEHIGH ACRES HOLDING LLC

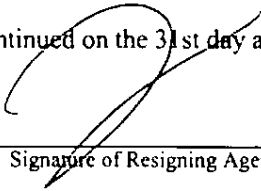
Name of Limited Liability Company

L13000165683

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:

LLOYD GRANET

Typed or Printed Name

REGISTERED AGENT

Capacity

**FILING FEES:**

\$ 85.00 Active limited liability company  
\$ 25.00 Administratively dissolved/ voluntarily dissolved  
withdrawn limited liability company

2020 SEP -2 PM 4: 49  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FL

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