# 4000044805

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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: 1476 5 DIX IE HUY PROPERTY LLC.  Name of Limited Liability Company
DOCUMENT NUMBER: 41000 44 805
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:
MYHANH LOUDEN  Name of Person
1476 G DIXIE HWY PROPERTY, LLC. Name of Firm/Company
500 S Federal Hwy #1641
Hallandale, 12 33008 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Myhamh Will at (954) 554 UE 21 Name of Person at (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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provision	s of section 605.0	115, Florida Sta	tutes, the und	lersigned,		
MYHANH LOUDEN				_, hereby resigns as		
	Name of Registered	Agent		_,		
Registered Agent for	476 5	S DIXE	HHY	PROPERTY)	1-1-	7,
	Name of	Limited Liability Co	ompany			,
1 14 0000	44805					
Document Nur	nber, if known					
A copy of this resignation	n was mailed to th	he above listed li	mited liabilit	y company at its last known	address.	
The agency is terminated	and the office di	scontinued on the	e 31st day aft	ter the date on which this sta	tement is	filed.
	<del>''/                                   </del>	Signature of R	lesigning Agent		20:	
If signing on behalf of an	entity:	MAIU	i andi	a i	2021 GET 1	į
		TIKNT	PUHYE	-N	12	•
	Reg	Typed or Printed	Agent	<u>t</u>	PH 2:	ا : == : الع <u>د</u> :
	U	Capacity	9		07	
	FILI? \$ 85.0 \$ 25.0	NG FEES; 00 Active limi 00 Administra withdrawn	ited liability atively dissol I limited liab	company ved/voluntarily dissolved/ ility company		

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

Tallahassee, FL 32314