

L14 000066299

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

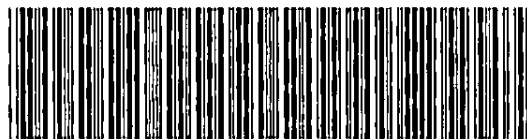
(Document Number)

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STATE OF CALIFORNIA  
DEPARTMENT OF CORPORATIONS  
FILED

2020 JUN 22 AM 11:53

FILED

JUN 23 2020  
S. YOUNG



2020 JUN 22 PM 2:17

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 5, 2020

DIANE NOBILE  
3192 MATILDA STREET  
MIAMI, FL 33133

SUBJECT: SUITE 1114 LLC  
Ref. Number: L14000066299

We have received your document for SUITE 1114 LLC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

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) 245-6050.

Shelia H Young  
Regulatory Specialist II

Letter Number: 320A00011178

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SUITE 1114 LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L 14000066299

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:

DIANE NOBILE  
Name of Person

—  
Name of Firm/Company

3192 MATILDA ST.  
Address

MIAMI, FL 33133  
City/State and Zip Code

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

For further information concerning this matter, please call:

DIANE NOBILE at (305) 796 2027  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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  
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,

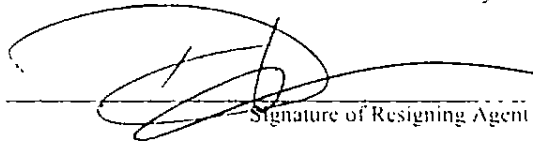
NOBILE LAW FIRM PA hereby resigns as  
Name of Registered Agent

Registered Agent for SUITE 1114 LLC  
Name of Limited Liability Company

L14000060299  
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:

DIANE NOBILE  
Typed or Printed Name  
PRESIDENT  
Capacity

2020 JUN 22 AM 11:53  
FILED

**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