

L14 000 078004

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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MAIL

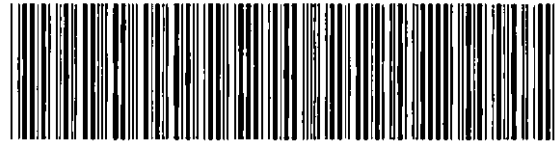
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FBI - 10

SB 6-26-25

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 530 SOUTH OCEAN BOULEVARD LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L14000078004

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:

FRANCIS X. J. LYNCH, ESQ.

Name of Person

SNIFFEN & SPELLMAN, P. A.

Name of Firm/Company

605 NOTH OLIVE AVENUE, 2ND FLOOR

Address

WEST PALM BEACH, FL 33401

City/State and Zip Code

flynch@sniffenlaw.com

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

For further information concerning this matter, please call:

FRANCIS X. J. LYNCH, ESQ.

at (561) 721 4004

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

BRENDA ELIAS

, hereby resigns as

Name of Registered Agent

Registered Agent for 530 SOUTH OCEAN BOULEVARD LLC

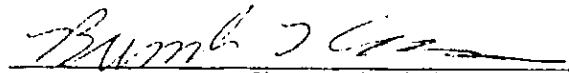
Name of Limited Liability Company

LI4000078004

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:
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P.O. Box 6327
Tallahassee, FL 32314

2025 APR -4 PM 12:58
SECRETARY OF STATE
TALLAHASSEE, FL

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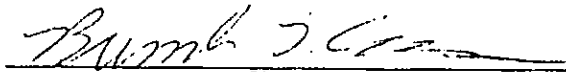
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TALLAHASSEE, FL

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