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## **COVER LETTER**

TO: Registration Section Division of Corporations				
SUBJECT: ANNANDALE 1581, LLC				
Name	of Limited Liability	Company		
DOCUMENT NUMBER: L140001942	71			
The enclosed Resignation of Registered A for filing.	Agent for a Limited	Liability Company and fee are submitted		
Please return all correspondence concerni	ing this matter to th	e following:		
Joy Fledelius				
Name of Person				
GY Corporate Services Inc.				
Name of Firm/Company				
777 S Flagler Dr Ste 500E				
Address				
West Palm Beach, FL 33401				
City/State and Zip Code				
donjoy@gunster.com	$\wedge$			
E-mail address: (to be used for future annua	report notification)			
For further information concerning this m	atter, please call:			
Joy Fledelius	561	804-4372 ) Daytime Telephone Number		
Name of Person	Area Code	Daytime Telephone Number		
Enclosed is a check made payable to the liability company or \$25.00 for an adminitiability company.	Florida Department istratively dissolved	of State for \$85.00 for an active limited L voluntarily dissolved or withdrawn limited		
MAILING ADDRESS:	STREE	T ADDRESS:		
Registration Section	Registra	Registration Section		
Division of Corporations	Division of Corporations			
P.O. Box 6327	Clifton Building			
Tallahassee, FL 32314	2661 Executive Center Circle			

2661 Executive Center Circle

Tallahassee, FL 32301

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

Pursuant to the provis	sions of section 605.01	15, Florida Statutes, the u	ndersigned.			
GY Corporate Se	rvices Inc.		, hereby resigns as			
<del></del>	Name of Registered Ag					
Registered Agent for	ANNANDALE 158	1, LLC				
					<del></del> .	
	Name of Li	mited Liability Company				
L14000194271						
Document	Number, if known					
A copy of this resigna	ation was mailed to the	above listed limited liabil	lity company at its last	known addr	ess.	
The agency is termina	ated and the office disc	ontinued on the 31st day a	after the date on which	this stateme	nt is f	iled.
		N. H. Signature of Resigning Age	ent			
If signing on behalf o	f an entity:					
	Joy Fledelius			·,		
		Typed or Printed Name		ALI ALI	202	
	Assistant Secre	etary			2020 FEB	
		Capacity		37.5°	- 1	
	FILINC \$ 85.00 \$ 25.00	FEES: Active limited liability Administratively dissorted withdrawn limited lia	y company olved/ voluntarily disso ability company	Solvario	·5 PM 3: 19	LED

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