4/30/2020

Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEOPOLD KORN & LEOPOLD, P.A.

Account Number : I20010000025 Phone : (786)899-2235 Fax Number : (305)935-9042

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please \*\*\* annual report mailings. Enter only one email address please \*\*

Email Address: KLEOPOLD@LEOPOLDKORN:COM

## LLC REGISTERED AGENT RESIGNATION **CAYA 1508 LLC**

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

Pursuant to the provisions of section 605.0115, Florida Statutes, the unde LEOPOLD KORN, P.A.		ndersigned,		26	
		, hereby resigns as		120	
	Name of Registered Agent		•••	2020 APR 3(	
Registered Agent for _	CAYA 1508 LLC			30	
				➣	<u>.</u> . : .
	Name of Limited Liability Company		··· <u>*</u>		**************************************
L16000095501			~:	0	
Document N	Sumber, if known				
A copy of this resignat	ion was mailed to the above listed limited liabi	lity company at its last k	nown a	iddress.	
The agency is terminat	ed and the office discontinued on the 31st day	after the date on which t	nis stat	ement i	s filed.
	<u> </u>				
	Signature of Resigning Age	<del>c</del> nt			
If signing on behalf of	an entity:				
	Karen S. Leopold				
	Typed or Printed Name				
	President				
	Capacity				

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\$25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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