

48000288258

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

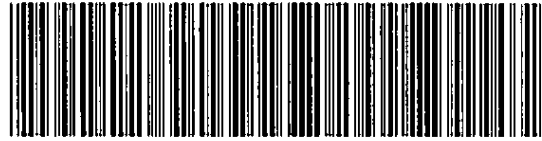
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100374777331

10/12/21--01053--004 **525.00

2021 OCT 12 PM 2:12

104 30

KAPES

OCT 20 2021
ALBANY, ON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 07706 OVERSEAS HIGHWAY PROPERTY, LLC.
Name of Limited Liability Company

DOCUMENT NUMBER: L18 000 288 258

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

07706 OVERSEAS HIGHWAY PROPERTY, LLC.
Name of Firm/Company

500 S Federal Hwy #1641
Address

Hallandale, FL 33008
City/State and Zip Code

HANH LOUDEN@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Myhanh Louden at (954) 554 0821
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

MYHANH LOUDEN

Name of Registered Agent

, hereby resigns as

Registered Agent for 87706 OVERSEAS HIGHWAY PROPERTY, LLC,

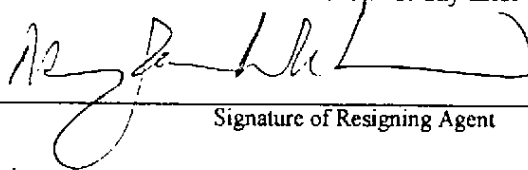
Name of Limited Liability Company

L18000208250

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:

MYHANH LOUDEN

Typed or Printed Name

Registered Agent

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:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

2021 OCT 12 PM 2:12

347