

L24000177123

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

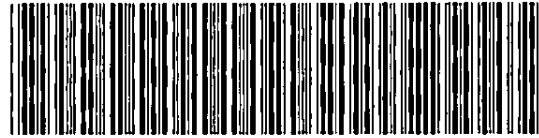
(Business Entity Name)

(Document Number)

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2024 MAY -9 AM 7:43  
STATE  
TALLAHASSEE, FL

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STATE  
TALLAHASSEE, FLORIDA.

AB

**Department of State**  
**Division of Corporations**

**American Expediting (Stealth Courier)**

1531 Commonwealth Business Dr Suite 105

Tallahassee, FL. 32303

850-294-5632

Date- 5/9/2024

**Stealth Courier Box**

Requester: Azurede Ross

Company: Meridian Partners

Job# : 15282004

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 2901 CENTER PORT HOLDINGS LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L24000177123

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:

AZUREDE ROSS  
Name of Person

MERIDIAN PARTNERS LAW P.A.  
Name of Firm/Company

4923 W. CYPRESS ST.  
Address

TAMPA, FL 33607  
City/State and Zip Code

jbi@isrowlegal.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

AZUREDE ROSS at ( 813 ) 443-5260  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

BRYAN W. SYKES, ESQ.

, hereby resigns as

\_\_\_\_\_  
Name of Registered Agent

Registered Agent for 2901 CENTER PORT HOLDINGS LLC

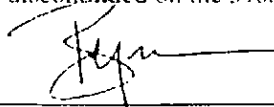
\_\_\_\_\_  
Name of Limited Liability Company

124000177123

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

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2024 MAY -9 AM 7:43  
STATE  
OFFICE