M07000004445

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SECRETARY OF STATE
FALL AHASSIT, FROMINA

MIS AND THE STATE OF THE STATE

COVER LETTER

SUBJECT: Name of Limited	Liability Company
DOCUMENT NUMBER: M07000004448	
The enclosed Resignation of Registered Agent for a for filing.	Limited Liability Company and fee are submitted
Please return all correspondence concerning this ma	itter to the following:
RESIGNATION DEPARTMENT	
Name of Person	
CORPORATION SERVICE COMPANY	
Name of Firm/Company	
80 STATE STREET	
Address	
ALBANY NY 12207	
City/State and Zip Code	
RMOLT@CSCGLOBAL.COM	
E-mail address: (to be used for future annual report notif	ication)
For further information concerning this matter, plea	se call:
RESIGATION DEPARTMENT 518 at (
Name of Person Ar	ca 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

TO:

Registration Section Division of Corporations

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

•	ons of section 605.0115, Florid	a Statutes, the unde	rsigned,		
CORPORATION SER	VICE COMPANY		, hereby resigns	as	
	Name of Registered Agent				
Registered Agent for _	14 SOUTH SAC LLC				
-	Name of Limited Liabi	lity Company			,
M07000004448					
Document N	Jumber, if known				
	ion was mailed to the above lis	·			
	Robert M. Signatur	of Resigning Agent			
f signing on behalf of	an entity:			20 JAN -6 SECKETARY FALLAHASSE	
	BY ROBIN MOLT				77)
	Typed or Pr	rinted Name		- 6 - 6 - 6	<u></u>
	ASST SECRETARY FOR TH	E AGENT		***	
	Capaci	ty		335	
	FILING FEES:		Q.		
	\$ 85.00 Active \$ 25.00 Admir withd	e limited liability co nistratively dissolve rawn limited liabili	ompany ed/ voluntarily di ity company	ssolved/	

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