

M1500000 9769

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

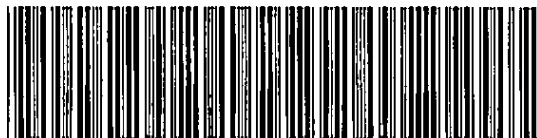
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18 MAY 25 AM 10:49
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J. LEGGETT
MAY 29 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 181/182 PROSPECT PARK ASSOCIATES LLC
Name of Limited Liability Company

DOCUMENT NUMBER: M15000009769

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:

MARJORIE S. MARGOLIES, ESQ.

Name of Person

WEISMAN & MARGOLIES, P.A.

Name of Firm/Company

140 N. FEDERAL HIGHWAY, 2ND FLOOR

Address

BOCA RATON, FL 33432

City/State and Zip Code

mmargolies@wbsmlawyers.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marjorie S. Margolies, Esq. at (561) 241-6336 xt 231

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

MARJORIE S. MARGOLIES

, hereby resigns as

Name of Registered Agent

Registered Agent for 181/182 Prospect Park Associates LLC

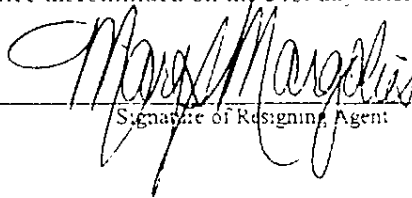
Name of Limited Liability Company

M15000009769

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

18 MAY 25 AM 10 49
CORPORATION DIVISION
TALLAHASSEE, FLORIDA

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