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COVER LETTER

SUBJECT: 2 SOUTH ORANGE AVENUE, LLC Name of Limited Liability Company	_
DOCUMENT NUMBER: M0800002790	
The enclosed Resignation of Registered Agent for a Limited Liability Company and fee for filing.	e are submitted
Please return all correspondence concerning this matter to the following:	
Brooke Breeding Name of Person	
National Corporate Research, Ltd. Name of Firm/Company	
615 S Dupont Hwy Address	2013 JU
Dover, DE 19901 City/State and Zip Code	L 19 PM ETARY OF HASSEE F
statrep@nationalcorp.com E-mail address: (to be used for future annual report notification)	PM 12: 52 OF STATE E FLORIDA
For further information concerning this matter, please call:	•
Brooke Breeding at (800) 483-1140 ext 3005 Name of Person Area Code & Daytime Telephone Number	er

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

Amendment Section

Division of Corporations

TO:

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

STREET ADDRESS:

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	as of section 608.416(2) or	608.509, Florida	a Statutes, the under	signed,	٠	
Nationa	l Corporate Research	ı, Ltd.	, hereby resig	gns as		
	Name of Registered Agent			•		
Registered Agent for	2 SOL	JTH ORANGE	E AVENUE, LLC	<u>; </u>		
					,	
`.	Name of Limited L	iability Company				
M08000	0002790					
Document Nu	mber, if known					
A copy of this resignatio	n was mailed to the above	listed limited lia	bility company at it	s last known ad	ldress.	
The agency is terminated	l and the office discontinu	ed on the 31st da	y after the date on v	which this states	ment is fil	.ed.
	A.	hilp	<i>_</i>			
	Sign	ature of Resigning.	Agent			
If signing on behalf of a	n entity:					
	Andre	w Lundgren_		. 20		
	Typed o	or Printed Name		£		
,	V.P., National Co	orporate Rese	arch, Ltd.	15	ANYLNE BIBZ FI THE BIBZ	ALTERNATION INC.
	Ca	pacity			5	CENTRAL
				i S.F.	RY 9	Contract.
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	FILING FEE \$ 85.00 Ac	tive limited liab	ility company	Ö,	PM 12: 52 9F S 14:F	to a
	\$ 25.00 Ad wi	ministratively dithdrawn limited	issolved/ voluntaril liability company	y dissolved/		

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