

L14000067238

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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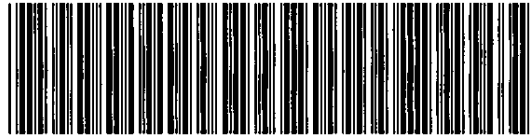
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: 1366 SW 4<sup>th</sup> CT BOCA RATON, LLC  
Name of Limited Liability Company

DOCUMENT NUMBER: L14000067238

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:

LAWRENCE CAPLAN

Name of Person

LAWRENCE A. CAPLAN PA

Name of Firm/Company

1375 GATEWAY BLVD

Address

BOYNTON BEACH, FL 33426

City/State and Zip Code

LACAPLANLAW@BELL SOUTH.NET

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

For further information concerning this matter, please call:

L. CAPLAN

Name of Person

at ( 561 ) 988 6009

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

GURRIEND, LLC

Name of Registered Agent

, hereby resigns as

Registered Agent for 1366 SW 4<sup>TH</sup> CT BOCA RATON, LLC

Name of Limited Liability Company

L14000067238

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.

CAROL GUERRERO

Typed or Printed Name

MANAGER

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withdrawn limited liability company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

INHS17 (2/14)

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