

L100000079227

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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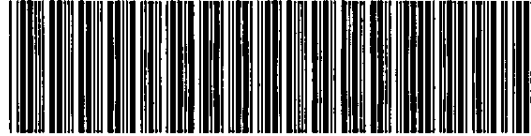
(Business Entity Name)

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S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 5113, L.L.C.

Name of Limited Liability Company

DOCUMENT NUMBER: L0000079227

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:

Michael Wick

Name of Person

5113, L.L.C.

Name of Firm/Company

578 Washington Boulevard; Suite 909

Address

Marina Del Rey, CA 90292

City/State and Zip Code

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

For further information concerning this matter, please call:

Name of Person

at (_____) _____

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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TALLAHASSEE, FLORIDA
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STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

RON NOBLE hereby resigns as

Registered Agent for 5113, L.L.C.

L10000079227

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

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If signing on behalf of an entity:

RON NOBLE

Authorized representative
Capacity

FILING FEES:

\$ 25.00 Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company