

L16000128257

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

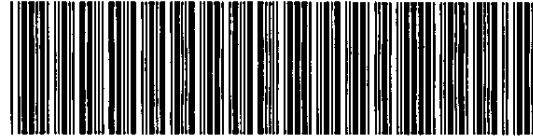
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100292867121

12/05/16--01045--029 **60.00

FILED
16 DEC -5 PM 2:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. SCOTT

DEC 6 2016



ATTORNEYS AT LAW

SCOTT, HARRIS, BRYAN, BARRA & JORGENSEN, P.A.

November 30, 2016

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

Re: Statement of Resignation of Registered Agent for a
Limited Liability Company
1725 West Hemingway, LLC
Reference Number: L16000128257

Dear Ladies/Gentlemen:

Thank you for your correspondence dated November 22, 2016. Enclosed please find your cover letter, our original document, and our check number 18618 in the amount of \$60.00, to complete this transaction.

Thank you for your assistance. If you have any questions, please do not hesitate to contact Mr. Barra.

Sincerely,

Brenda Lee Jernigan
Assistant to Richard K. Barra

FILED
16 DEC -5 PM 2:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

:blj

Encs.

K:\FILES\Brenda\10002\Division of Corporations 11-3016.ltr.wpd

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

RICHARD K. BARRA

, hereby resigns as

Name of Registered Agent

Registered Agent for **1725 WEST HEMINGWAY, LLC**

Name of Limited Liability Company

L16000128257

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

FILING FEES:

\$ 85.00	Active limited liability company
\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

FILED
16 DEC -5 PM 2:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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