

L05000109229

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

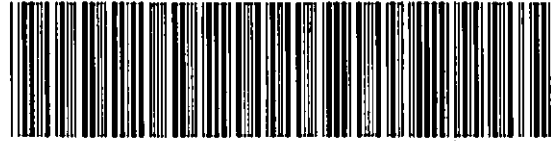
(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY

FEB 7 2018

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Y Group Project Management, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L05000109229

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:

Jennifer Britton

Name of Person

Chieftain Properties

Name of Firm/Company

2434 E Las Olas Blvd

Address

Fort Lauderdale, FL 33301

City/State and Zip Code

jennifer.britton@chieftainproperties.com

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

For further information concerning this matter, please call:

Jennifer Britton

at ( 954 ) 522-6556

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Dale Reed

\_\_\_\_\_  
Name of Registered Agent

Registered Agent for Y Group Project Management

\_\_\_\_\_  
Name of Limited Liability Company

L05000109229

\_\_\_\_\_  
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:

Dale Reed

\_\_\_\_\_  
Typed or Printed Name

Registered Agent

\_\_\_\_\_  
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

FILED  
FEB -5 PM 1:19  
18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 18, 2018

CHIEFTAIN PROPERTIES  
JENNIFER BRITTON  
2434 E LAS OLAS BLVD.  
FORT LAUDERDALE, FL 33301

SUBJECT: Y GROUP PROJECT MANAGEMENT, LLC  
Ref. Number: L05000109229

We have received your document for Y GROUP PROJECT MANAGEMENT, LLC and your check(s) totaling \$600.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Document must be signed.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly  
Regulatory Specialist II

Letter Number: 418A00001155