h22000036721

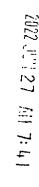
(Re	questor's Name)	
(Add	dress)	
(Add	dress)	
•	•	
	y/State/Zip/Phone	- 40
(Cit	y/State/Zip/Prione	= #)
PICK-UP	☐ WAIT	MAIL
_	_	_
(Bus	siness Entity Nan	ne)
(Document Number)		
Certified Copies	Certificates	s of Status
	-	-
		
Special Instructions to Filing Officer:		
		İ

Office Use Only



600389911256

06/27/22--01035--023 **95.00



ct 9/22/2022

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: 87 Property Management LLC Name of Limited Liability Company	
DOCUMENT NUMBER: L22000036721	
The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are subtor filing.	mitted
Please return all correspondence concerning this matter to the following:	
United States Corporation Agents, Inc.	
Name of Person	
Legalzoom.com, Inc.	
Name of Firm/Company	
9900 Spectrum Dr.	
Address	
Austin, TX 78717	
City/State and Zip Code	
raresignations@legalzoom.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Name of Person at (Name 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

INHS17 (2/14)

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisio	ns of section 605.0115, Florida Statutes, the u	indersigned,
CHEYENNE MOSE	ELEY, LEGALZOOM.COM, INC.	hanaba masi wa wa
	Name of Registered Agent	, hereby resigns as
Registered Agent for 8	7 Property Management LLC	
	Name of Limited Liability Company	-
L22000036721		
Document No	mber, if known	
	on was mailed to the above listed limited liabi	
The agency is terminate	d and the office discontinued on the 31st day a	after the date on which this statement is filed
	Cll	
	Signature of Resigning Age	22
If signing on behalf of an entity:		٠ <u></u> د :
	Cheyenne Moseley	3
	Typed or Printed Name Asst. Secretary for LEGALZOOM.C	COM, INC.
	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