

L21000247133

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

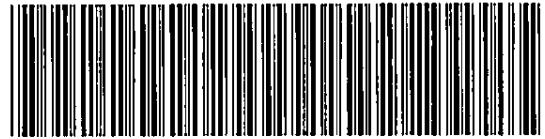
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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03/21/25--0100--000 **25.00

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CLERK OF STATE
TALLAHASSEE, FL



DoMyLLC

5716 Corsa Ave Suite 110
Westlake Village, CA 91362

Phone: (818) 264-4266
Toll-Free: (888) 366-9552
Fax: (877) 366-9552
www.DoMyLLC.com

February 15, 2023

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

Dear Florida Secretary of State,

Enclosed please find the Statement of Resignation and state filing fee for 68 Steele LLC.

Check #: 2796

Check Amount: \$ 25.00

Please return the documents once the filing is completed to:

DoMyLLC.com, LLC
Attn: Processing
5716 Corsa Ave. Suite 110
Westlake Village, CA 91362

If you have any questions, please contact our office at (888)-366-9552.

Sincerely,

Processing
Processing@domyllc.com
www.DoMyLLC.com

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CLERK OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 68 Steele LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L21000247133

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:

DoMyLLC Processing; ATTN: Jourdan Cerrillo

Name of Person

DoMyLLC.com, LLC

Name of Firm/Company

5716 Corsa Ave., Ste. 110

Address

Westlake Village, CA 91362

City/State and Zip Code

processing@domylle.com

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

For further information concerning this matter, please call:

Jourdan Cerrillo

Name of Person

at (818) 264-4266

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

FILED
2023 FEB 21 AM 8:19
CLERK OF STATE
TALLAHASSEE, FL

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

InCorp Services, Inc. _____, hereby resigns as

Name of Registered Agent

Registered Agent for 68 Steele LLC

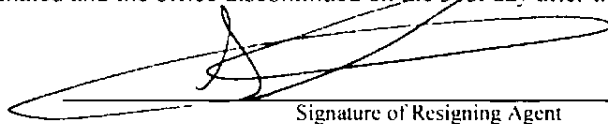
Name of Limited Liability Company

L21000247133

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:

Steven Pickett

Typed or Printed Name

Assistant Secretary

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

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CLERK OF STATE
TALLAHASSEE, FL