

D96 0000000001

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

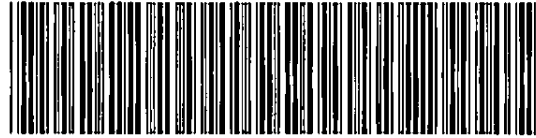
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100331970951

07/25/19--11112--1021 4*01.20

2019 JUL 25 PM 12:04
SECRETARY OF STATE
TALLahassee, FL

FILED

Declaration of Trust
R/A-Resign
8/1/19
DC

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: **L&B BISCAYNE TOWER**

(Name of Corporation)

DOCUMENT NUMBER: **D96000000001**

The enclosed Resignation of Registered Agent for a ~~Corporation~~^{Declaration of Trust} and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

RESIGNATION DEPARTMENT

(Name of Person)

CORPORATION SERVICE COMPANY

(Name of Firm/Company)

80 STATES STEET

(Address)

ALBANY NY 12207

(City/State and Zip Code)

For further information concerning this matter, please call:

RESIGNATION DEPARTMENT at **518 733-7018**

(Name of Person)

(Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active ~~corporation~~ or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn ~~corporation~~.

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:

Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

RESIGNATION OF REGISTERED AGENT
FOR A ~~CORPORATION~~
Declaration of Trust

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, THE PRENTICE-HALL CORPORATION SUSTEM, INC.

(Name of Registered Agent)

hereby resigns as Registered Agent for L&B BISCAYNE TOWER

(Name of Corporation)

D96000000001

(Document Number, if known)

Declaration of Trust

Declaration of Trust

A copy of this resignation was mailed to the above listed ~~corporation~~ 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.

Robin Molt

(Signature of Resigning Agent)

If signing on behalf of an entity:

BY ROBIN MOLT

(Typed or Printed Name)

ASST SECRETARY FOR THE AGENT

(Capacity)

FILED
2019 JUL 25 PM 12:04
SECRETARY OF STATE
TALLAHASSEE, FL

Fee for filing this document:

\$87.50 - Active ~~Corporation~~

\$35.00 - Administratively dissolved/voluntarily dissolved/
withdrawn ~~corporation~~

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