

F19000002780

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP☐ WAIT☐ MAIL

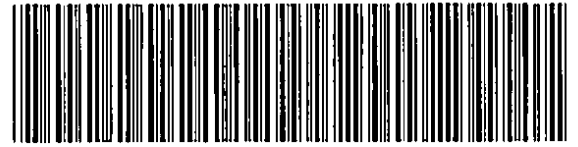
(Business Entity Name)

(Document Number)

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S. CHATHAM

JUN 28 2023

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1. The first step is to identify the problem or question that needs to be answered. This involves understanding the context and the specific requirements of the task.

COVER LETTER

TO: Amendment Section
Division of Corporations

a/k/a GRACE PROPERTY INVESTMENTS, II

SUBJECT: GRACE PROPERTY INVESTMENTS DE. INC.

(Name of Corporation)

DOCUMENT NUMBER: F19000002780

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Scott Rosen

(Name of Person)

Scott Rosen, PA

(Name of Firm/Company)

1919 NE 45 Street, Suite 114

(Address)

Ft. Lauderdale, FL 33308

(City/State and Zip Code)

For further information concerning this matter, please call:

Scott Rosen

954 915 0510 (x301)

(Name of Person)

at () (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Mailing Address:

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

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0503(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, Scott Rosen

(Name of Registered Agent)

hereby resigns as Registered Agent for GRACE PROPERTY INVESTMENTS DE, INC.

(Name of Corporation)

a/k/a GRACE PROPERTY INVESTMENTS, INC

F19000002780

(Document Number, if known)

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.



(Signature of Resigning Agent)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

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STATE OF FLORIDA
DIVISION OF CORPORATIONS

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