

L01000021776

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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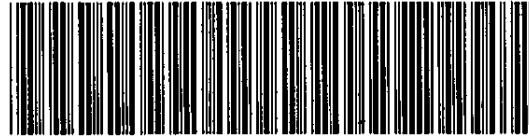
(Business Entity Name)

(Document Number)

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16 APR -6 PM 3:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 08 2016
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CONDOTEL SERVICES, LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L01000021776

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:

JOSE L. BALOYRA, ESQ.

Name of Person

BALOYRA LAW

Name of Firm/Company

201 ALHAMBRA CIRCLE, SUITE 601

Address

CORAL GABLES, FL 33134

City/State and Zip Code

JBALOYRA@BALOYRALAW.COM

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

For further information concerning this matter, please call:

JOSE L. BALOYRA

Name of Person

at (305) 442-4142

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

ROXANA HERNANDEZ

, hereby resigns as

Name of Registered Agent

Registered Agent for **CONDOTEL SERVICES, LLC**

Name of Limited Liability Company

L01000021776

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:

P
Typed or Printed Name

Capacity

FILING FEES:

\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company

FILED
16 APR -6 PM 3:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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