LU2000031032

(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	∍#)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
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SECRETARY OF STATE

MARIE.

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: REAL ESTATE DEVELOPMENT II, LLC Name of Limited Liability Company
DOCUMENT NUMBER: L02000031037
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:
OSCAR GRISALES
Name of Person
GRSH LLLP
Name of Firm/Company
20801 BISCAYNE BLVD. SUITE 306
Address
AVENTURA, FL 33180
City/State and Zip Code
SGOMEZ@GRSHLAW.COM
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
SANDRA GOMEZ 305 792-0439
Name of Person 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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: STREET ADDRESS:
Registration Section Registration Section Division of Corporations Division of Corporations

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

INHS17 (2/14)

P.O. Box 6327

Tallahassee, FL 32314

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions	f section 605.0115, Florida Statutes, the undersigned,	
OSCAR GRISALES	ACINI ESQ. , hereby resigns as	
Ŋ	me of Registered Agent	
Registered Agent for RE	L ESTATE DEVELOPMENT II, LLC	
	Name of Limited Liability Company	
L02000031037		
Document Num	r, if known	
A copy of this resignation	vas mailed to the above listed limited liability company at its last known address.	
The agency is terminated - If signing on behalf of an	signature of Resigning Agent Agent Agent Attity:	l.
-	Typed or Printed Name	
-	Capacity	
	FILING FEES: \$85.00 Active limited liability company \$25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company Wake checks payable to Florida Department of State and mail to: Division of Corporations P.O. Box 6327 Tallahassee, FL, 32314	