Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H10000034713 3)))



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Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : INCORPORATING SERVICES FL

Account Number : 120050000052 Phone

: (302)531-0855

Fax Number

: (850)656-7953

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REGISTERED AGENT RESIGNATION **50TH STREET PROPERTIES, LLC**

Certificate of Status	0
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Page Count	02
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Electronic Filing Menu

Corporate Filing Menu

TO:

P.O. Box 6327

Tallahassee, FL 32314

Amendment Section Division of Corporations H10000034713 3

COVER LETTER

SUBJECT: 50TH STREET PROPERTIES, LLC	
(Name of Limite	d Liability Company)
DOCUMENT NUMBER: L02000031608	
The enclosed Resignation of Registered Agent for for filing.	a Limited Liability Company and fee are submitted
Please return all correspondence concerning this n	natter to the following:
TUNISHA SCOTT	
(Name of Person)	
INCORPORATING SERVICES, LTD. (Name of Firm/Company)	
3500 S. DUPONT HWY (Address)	.
DOVER, DE 19901 (City/State and Zip Code)	· · · · · · · · · · · · · · · · · · ·
For further information concerning this matter, ple	ease call:
TUNISHA SCOTT at (Name of Person)	302) 531.0855 (Area Code & Daytime Telephone Number)
Enclosed is a check made payable to the Florida D liability company or \$25.00 for an administratively limited liability company.	Pepartment of State for \$85.00 for an active limited y dissolved, voluntarily dissolved or withdrawn
MAILING ADDRESS:	STREET ADDRESS:
Amendment Section	Amendment Section
Division of Corporations	Division of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

H10000034713 3

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Sta	atutes, the undersigned,	
INCORPORATING SERVICES, LTD. (Name of Registered Agent)	, hereby resigns as	
Registered Agent for _50TH STREET PROPERTIES, LLC		•
(Name of Limited Liability Company)		3
L02000031608		
(Document Number, if known)		
A copy of this resignation was mailed to the above listed limited liability. The agency is terminated and the office discontinued on the 31st day at the continued on the 31st day at the 3	fter the date on which this statement is	同性医的 10 F B B 24 PH
If signing on behalf of an entity:		 2
CANDICE B. SWETLAND	जिल्ला ।	£
(Typed or Printed Name)	· · · · · · · · · · · · · · · · · · ·	
ASSISTANT SECRETARY		
(Capacity)		•

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

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